

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000006379

1. Entity Name  
ALPINE HEALTH AND REHABILITATION CENTER, LLC



Principal Place of Business

111 W. MICHIGAN ST.  
MILWAUKEE, WI 53203

Mailing Address

111 W. MICHIGAN ST.  
MILWAUKEE, WI 53203

04 MAY 18 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04232004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
36-4321373

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

500036556985  
05/18/04--01062--018 \*\*1650.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ENXTENDICARE HEALTH FACILITIES, INC.  
111 W. MICHIGAN ST.  
MILWAUKEE, WI 53203

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Douglas J. Harris

Date

4/27/04

Daytime Phone #

414/908-8000