

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90496 001 \*3,607.50

**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

**30004523**



03272008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-4321373	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EXTENDICARE HEALTH FACILITIES, INC 111 W. MICHIGAN ST. MILWAUKEE, WI 53203
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Janet Kreilein*

Janet Kreilein

4/15/08 414-908-8000

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

Date

Daytime Phone #