2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

WL 10/08

DOCUMENT # L99000006379

1. Entity Name
ALPINE HEALTH AND REHABILITATION CENTER, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 29 PM 1:36

Amended

Principal Place of Business	Mailing Address
3456 21 AVENUE SOUTH	3456 21 AVENUE SOUTH
ST.PETERSBURG, FL 33711	ST.PETERSBURG, FL 33711

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
111 W. Michigan St.	111 W. Michigan St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Milwaukee, WI	City & State: Milwaukee, WI
Zip: 53203 Country: USA	Zip: 53203 Country: USA

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

Make Check Payable to Florida Department of State
Due By May 1, 2003

500023672465
10/09/03--01070--014 **350.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SENIOR HEALTH-ALPLINE, LLC 3456 201 AVE. SOUTH SAINT PETERSBURG, FL 33711 [X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Extendicare Health Facilities, Inc. 111 W. Michigan St. Milwaukee, WI 53203 [X] Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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] Douglas S. Harris 9/18/03 414-908-8153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #