L99000006381

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: _____
(Sub Account)

DATE: 11-29-99

REQUESTOR NAME: LEXIS

ADDRESS: _____

TELEPHONE: (___) (___-____) ext (___)

CONTACT NAME: _____

CORPORATION NAME: Winter Haven Health and Rehabilitation Center, LLC

DOCUMENT NUMBER: file amendment
(if applicable)

400003055044--2

AUTHORIZATION: C. Woodyard

FILED
99 NOV 29 PM 1:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

L99-6381 WR 11/29

___ CERTIFIED COPY (1-9)
___ CERTIFICATE OF STATUS (1-9)
_✓_ PLAIN STAMPED COPY

(_) Call When Ready ( ) Call if Problem ( ) After 4:30
(X) Walk In ( ) Will Wait ( ) Pick Up
( ) Mail Out

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99 NOV 29 AM 11:34
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Winter Haven Health and Rehabilitation Center, LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST: The date of filing of the articles of organization was October 4, 1999.

SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

The Limited Liability Company is to be managed by the members and the name and address of the managing member is: Extendicare Health Facilities, Inc.
111 W. Michigan St.
Milwaukee, WI 53203

Dated November 23, 19 99

Sole Member: Extendicare Health Facilities, Inc.

Assistant Secretary
Signature of a member or authorized representative of a member

Timothy J. Murphy
Typed or printed name of signee

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TALLAHASSEE FLORIDA

Filing Fee: $25.00