

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 27 PM 3: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006381

1. Entity Name
WINTER HAVEN HEALTH AND REHABILITATION CENTER, L

Principal Place of Business Mailing Address
111 W MICHIGAN ST. 111 W MICHIGAN ST.
MILWAUKEE WI 53203 MILWAUKEE WI 53203-2903



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
202 AVE O NORTH Suite, Apt. #, etc.

City & State WINTER HAVEN, FL 4. FEI Number 36-4321792 Applied For Not Applicable
Zip 33881 Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEXIS DOCUMENT SERVICES, INC.
3953 WW KELLEY RD.
TALLAHASSEE FL 32311

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGRM EXTENDICARE HEALTH FACILITIES, INC. 111 W MICHIGAN ST. MILWAUKEE WI 53203	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	400003275824--1 -06/05/00--01005--013 ***1450.00 ***50.00
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: WALTER A. LEONOWICZ 4/28/00 414/908-8438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #