

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **LA9000006381**

1. Entity Name

WINTER HAVEN HEALTH & REHAB. CENTER, LLC.

Principal Place of Business  
202 AVENUE ONE  
WINTER HAVEN, FL 33880

Mailing Address  
111 WEST MICHIGAN STREET  
MILWAUKEE, WI 53203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
36-4321792

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEXIS DOCUMENT SERVICES, INC  
3953 WW KELLEY ROAD  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

200004287812-2  
-05/22/01--01093--026  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
EXTENDICARE HEALTH FACILITIES  
111 WEST MICHIGAN STREET  
MILWAUKEE, WI 53203

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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. Levonowich* WALTER A. LEVONOWICH

04/24/01

414/908-8093

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

Daytime Phone #