2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006381

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

Amended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 29 PM 1:16

LR 10/18

Principal Place of Business	Mailing Address
202 AVENUE O NE WINTER HAVEN, FL 33880	111 WEST MICHIGAN STREET MILWAUKEE, WI 53203

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

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number ~~58-4321795~~ 36-4321992 — Applied For / Not Applicable

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. 1201 HAYS STREET TALLAHASSEE, FL 32301	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 date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete EXTENDICARE HEALTH FACILITIES, INC. 111 W MICHIGAN ST. MILWAUKEE, WI 53203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CFRZE083 (10/02)

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10/09/03--01070--014 **950.00

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: Douglas J. Harris 9/18/03 414-908-8153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #