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

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: ~~58-4324795~~ 36-4321792 — 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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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