2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008477

1. Entity Name
GREENBROOK CARE, LLC

Principal Place of Business
1060 24TH STREET NORTH
ST. PETERSBURG, FL 33713

Mailing Address
111 WEST MICHIGAN STREET
MILWAUKEE, WI 53202

Amended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 29 PM 1:08

LR 10/08

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 39-1978961 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
LEXIS DOCUMENT SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

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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: 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 #