

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

APPROVED  
AND  
FILED

04 MAY 18 PM 2: 13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L99000008478**

1. Entity Name  
**HERITAGE CARE, LLC**



Principal Place of Business  
**111 W. MICHIGAN STREET  
MILWAUKEE, WI 53203**

Mailing Address  
**111 W. MICHIGAN STREET  
MILWAUKEE, WI 53203**



04232004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**39-1978989**

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**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**400036557154**  
05/18/04--01062--018 \*\*1850.00

**9. MANAGING MEMBERS/MANAGERS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>EXTENDICAREHEALTH FACILITIES, INC.<br/>111 W. MICHIGAN STREET<br/>MILWAUKEE, WI 53203</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

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

*Douglas J Harris*

Date

*4/27/04*

Daytime Phone #

*414/908-8000*