

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008484 1. Entity Name NEW HORIZON CARE, LLC			
Principal Place of Business 111 W. MICHIGAN STREET MILWAUKEE WI 53203		Mailing Address 111 W. MICHIGAN STREET MILWAUKEE WI 53203	
2. Principal Place of Business 635 SOUTHEAST 17ST Suite, Apt. #, etc. City & State OCALA FL		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 34471		Zip USA	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 11:02



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 _____

	<p>FILE NOW!!! FEE IS \$50.00</p> <p>Make Check Payable to Department of State</p>	<p>500003411975--5</p> <p>10/03/00--01007--005</p> <p>*****400.00 *****50.00</p>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NORTHERN HEALTH FACILITIES, INC 111 W. MICHIGAN ST MILWAUKEE WI 53203 MGRM	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SEE ATTACHED

FF \$50

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 MANAGER

Date: _____

Daytime Phone #