

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028624 AF

DOCUMENT # **L99000008484**

1. Entity Name

**NEW HORIZON CARE, LLC**

FILED

01 MAY -1 PM 5:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**635 SOUTHEAST 17TH STREET  
OCALA FL 34471**

Mailing Address

**111 W. MICHIGAN STREET  
MILWAUKEE WI 53203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**39-1978984**

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.  
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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **NORTHERN HEALTH FACILITIES INC.**  
STREET ADDRESS **111 WEST MICHIGAN ST.**  
CITY-ST-ZIP **MILWAUKEE WI 53203**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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:

*Walter A. Levonovich* **WALTER A. LEVONOVICH** 4/19/01 414/908-8093

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

Date

Daytime Phone #

CR2E083 (11/00)