

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008484

1. Entry Name
NEW HORIZON CARE, LLC



Principal Place of Business
635 SOUTHEAST 17TH STREET
OCALA, FL 34471

Mailing Address
111 W. MICHIGAN STREET
MILWAUKEE, WI 53203

Amended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 29 PM 1:09

10/08

2. Principal Place of Business

111 W. Michigan St.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Milwaukee, WI

City & State

Zip

53203

Country

USA

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

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 entry 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's signature required when resigning)

DATE

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

9. MANAGING MEMBERS/MANAGERS

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

☒ Delete

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10. ADDITIONS/CHANGES

TITLE MGRM
NAME Extendedcare Health Facilities, Inc.
STREET ADDRESS 111 W. Michigan St.
CITY-ST-ZIP Milwaukee, WI 53203

☒ Change ☐ Addition

TITLE
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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)(X), 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 S. Harris 9/18/03 414-908-8153

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

Date

Original Phone #

CR2503 (10/02)

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