

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

05-01-2003 90190 001 \*1,400.00  
L99000008488

0071688

DOCUMENT # L99000008488

1. Entity Name

NORTH REHABILITATION CARE, LLC



**FILED**

03 MAY 16 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1301 16TH ST. NORTH  
ST. PETERSBURG FL 33705

Mailing Address  
111 WEST MICHIGAN STREET  
MILWAUKEE WI 53203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **39-1978982**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired:  \$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES, INC.  
3953 WW KELLEY ROAD  
TALLAHASSEE FL 32311

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

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM			<input type="checkbox"/>
	EXTENDICARE HEALTH FACILITIES			<input type="checkbox"/>
	111 W. MICHIGAN ST.			<input type="checkbox"/>
	MILWAUKEE WI 53203			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED Das J. Harris 4/21/03 414 908 8855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)