2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008492

1. Entity Name
ROCKLEDGE CARE, LLC

Principal Place of Business
587 BARTON BLVD.
ROCKLEDGE, FL 32955

Mailing Address
111 W. MICHIGAN STREET
MILWAUKEE, WI 53203

Amended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 29 PM 12: 55

10/08

2. Principal Place of Business: 111 W. Michigan St.
Suite, Apt. #, etc.
City & State: Milwaukee, WI
Zip: 53203 Country: USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 39-1978968 — 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 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

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	MGRM NORTHERN HEALTH FACILITIES, INC. 111 WEST MICHIGAN STREET MILWAUKEE, WI 53203	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Extendicare Health Facilities, Inc. 111 W. Michigan St. Milwaukee, WI 53203	☑ Change ☐ Addition
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CR2E083 (10/02)

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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: Douglas J. Harris 9/18/03 414-908-8153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #