

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002419

FILED
Mar 19, 2004
Secretary of State

Entity Name: VESTICA HEALTHCARE, LLC

Current Principal Place of Business:

10201 NORTH PORT WASHINGTON ROAD
MEQUON, WI 53092

New Principal Place of Business:

Current Mailing Address:

10201 NORTH PORT WASHINGTON ROAD
MEQUON, WI 53092

New Mailing Address:

FEI Number: 39-1910147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KASTEN, CRAIG R
Address: 1017 W. GLEN OAKS LANE #206
City-St-Zip: MEQUON, WI 53092

Title: S () Delete
Name: KASTEN, WENDY K
Address: 1017 W. GLEN OAKS LANE #206
City-St-Zip: MEQUON, WI 53092

Title: MGRM () Delete
Name: BORCA, GREGORY
Address: 1017 W. GLEN OAKS LN #205
City-St-Zip: MEQUON, WI 53092

Title: T () Delete
Name: SWEENEY, LISA
Address: 12121 N. CORPORATE PKWY
City-St-Zip: MEQUON, WI 53092

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: KASTEN, WENDY K
Address: 1017 W. GLEN OAKS LANE #206
City-St-Zip: MEQUON, WI 53092

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SWEENEY, LISA
Address: 12121 N. CORPORATE PKWY
City-St-Zip: MEQUON, WI 53092

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CRAIG R. KASTEN

MGRM

03/19/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date