

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002419

Entity Name: VESTICA HEALTHCARE, LLC

FILED  
Jul 14, 2005  
Secretary of State

## 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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

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

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/MANAGERS:

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

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

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

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

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

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

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

07/14/2005

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