

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002419

FILED
Mar 28, 2006
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/MANAGERS:

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

ADDITIONS/CHANGES:

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 Chapter 119, 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

03/28/2006

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