


2004

1 of 2

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> M01000000401				<b>FILED</b> 2004 FEB 12 PM 2:02 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
<b>1. Entity Name</b> PARTNER'S HEALTH GROUP - FLORIDA, LLC					
<b>DO NOT WRITE IN THIS SPACE</b>					
<b>2. Principal Place of Business</b> 111 W Michigan St Suite, Apt. #, etc.		<b>3. Mailing Address</b> 111 W Michigan St Suite, Apt. #, etc.		<b>DO NOT WRITE IN THIS SPACE</b>	
<b>City &amp; State</b> Milwaukee WI		<b>City &amp; State</b> Milwaukee WI		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b> 53203-2903		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>DO NOT WRITE IN THIS SPACE</b>				<b>7. Name and Address of Current Registered Agent</b>	
				Name Corporation Service Company	
				Street Address (P.O. Box Number is Not Acceptable) 1201 Hays St	
				City Tallahassee	
				FL Zip Code 32301	
<b>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.</b> <b>Cynthia L. Harris</b> as its agent SIGNATURE <u>Cynthia L. Harris</u> DATE <u>2/12/04</u>					
		<b>FEE IS \$50.00</b> Make Check Payable to Florida Department of State <b>DUE BY MAY 1</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
MGRM Partners Health Group, LLC 111 W Michigan St Milwaukee WI 53203-2903				600028447716	
				<b>DO NOT WRITE IN THIS SPACE</b>	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Roch Carter VP</u> <b>Roch Carter</b> 2/5/04 414/908-8228 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

CR2E083B (1/202)



CORPORATION SERVICE COMPANY™

FILED

2004 FEB 12 PM 2:02

ACCOUNT NO. : 072100000032

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

REFERENCE : 428822 7390554

AUTHORIZATION :

*Patricia Pigot*

COST LIMIT : \$ 50.00

ORDER DATE : February 6, 2004

ORDER TIME : 9:48 AM

ORDER NO. : 428822-005

CUSTOMER NO: 7390554

CUSTOMER: Ms. Lisa Luedtke  
Extendicare Health Services,  
111 W. Michigan Street  
Milwaukee, WI 53203

ANNUAL REPORT FILING

NAME: PARTNER'S HEALTH GROUP -  
FLORIDA LLC

XX ANNUAL REPORT

*(AMENDED)*

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: \_\_\_\_\_

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04 FEB -9 PM 12:49  
DIVISION OF CORPORATION