2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0100000401 1. Entity Name

90 WE THE

FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90689 009 ****50.00

PARTNER	S HEALTH GROUP - FLORIDA	A, LLC							
Principal Plac	ce of Business	Mailing Address							
111 W. MICHIGAN ST.		111 W. MICHIGAN ST. MILWAUKEE WI 53203							
							Je di 13 00 26 00		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE II	= MAKING (CHANGES	
City & State		City & State			4. FEI Numbe	NOT APPLI	CABLE	_ 	oplied For ot Applicable
Zip	Country	Zip	Countr	У	5. Certificate	of Status Desired		5.00 Add ee Require	
	6. Name and Address of Current R	tegistered Agent			7. Name and	Address of New Re	gistered Ac	jent	
I CVI	IC DOCUMENT SERVICES INC			Name			-		1
3953	IS DOCUMENT SERVICES INC. 3 WW KELLEY RD. LAHASSEE FL 32311	Street Address		Street Address (F	P.O. Box Numbe	er is Not Acceptable)			
Ind	DAINOCE IE 02011		}						j
				City			FL	Zip Cod	e
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered	d office or registere	ed agent, or bot	h, in the State of Flor	ida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE	: Registered	Agent signature required	when reinstating)	<u> </u>	DATE		
·-		FILE NO	WIII EI	EE 19 950 00					
FILE NOW!!! Make Check Payable to					nt of State				
				/ 1, 2003		•			
9.	MANAGING MEMBER	_ <u></u>	10.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/C	HANGES		
TITLE	CEOD	☐ Delete	TITLE					☐ Change	Addition
NAME	RHINELANDER, MELVIN Z		NAME						}
STREET ADDRESS	111 W. MICHIGAN ST.			ADDRESS					f
CITY-ST-ZIP	MILWAUKEE WI 53203		CITY-S	ST- ZIP					'
TITLE	PC	Delete	TITLE	ļ			ļ	☐ Change	Addition
NAME	MCLAUGHLIN, JOHN G		NAME	ADDDTOC					
STREET ADDRESS CITY-ST-ZIP	111 W. MICHIGAN ST.		CITY-S	ADDRESS T- 7IP					
TITLE	MILWAUKEE WI 53203	Delete -	TITLE	,, 		***		Change	Addition-
NAME	SMALL, PHILIP	Detete.	NAME					change	CT vonnous.
STREET ADDRESS	111 W. MICHIGAN ST.			ADDRESS					}
CITY-ST-ZIP	MILWAUKEE WI 53203		CITY-S	iT-ZIP					
TITLE	SV	☐ Delete	TITLE				ļ	Change	Addition
NAME	BERTRAND, RICHARD L		NAME						
STREET ADDRESS	111 W. MICHIGAN ST.			ADDRESS					
CITY-ST-ZIP	MILWAUKEE WI 53203		CITY-S	1-ZIP					
TITLE	CAPTED BOOM	☐ Delete	TITLE				ſ	☐ Change	☐ Addition
NAME STREET ADDRESS	CARTER, ROCH		NAME STREET	ADDRESS					
CITY-ST-ZIP	111 W. MICHIGAN ST.		CITY-S	l					
TITLE	MILWAUKEE WI 53203	□ Delete	TITLE		<u> </u>			Change	☐ Addition
NAME	DURISHAN, MARK W	L Delete	NAME		,		L		
STREET ADDRESS	111 W. MICHIGAN ST.			ADDRESS					
CITY-ST-ZIP	MILWAUKEE WI 53203	<u>.</u>	CITY-S	T-ZIP				_	
11 Lbaraby c	sertify that the information supplied with t	his filing does not qualify for	the avem	ntion stated in Soc	etion 110 07(2)/) Elecide Statutos I f	urthor portif	that the ir	oformation

I nereby ceruly that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f), 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: SIGNATURE AND TYPED OR PRIN

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