

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000002535</b>	
1. Entity Name HERITAGE HEALTHCARE GROUP, L.L.C.	
Principal Place of Business 330 EAST KILBOURNE AVENUE, SUITE 990 MILWAUKEE, WI 55302	Mailing Address 330 EAST KILBOURNE AVENUE, SUITE 990 MILWAUKEE, WI 55302



01112005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-4379663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DACY, TIMOTHY 8040 SOUTH MADISON STREET BURR RIDGE, IL 60521
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PALER, BRUCE 330 EAST KILBOURNE AVE. MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/26/05-80038-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Bruce Paler Member

4-21-05

414 645-0665

Date

Daytime Phone #