

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 08, 2007  
Secretary of State**

DOCUMENT# M06000007076

Entity Name: SAFE HARBOUR HEALTHCARE, LLC

**Current Principal Place of Business:**

505 KING STREET, SUITE 300  
LA CROSSE, WI 54601

**New Principal Place of Business:**

**Current Mailing Address:**

505 KING STREET, SUITE 300  
LA CROSSE, WI 54601

**New Mailing Address:**

FEI Number: 20-5996684      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKEMP, THOMAS W  
811 SHRIVER CIRCLE  
LAKE MARY, FL 32746      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: SKEMP, THOMAS W  
Address: 811 SHRIVER CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

**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: THOMAS W. SKEMP

MGRM

02/08/2007

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