

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000007076

**FILED
Jan 07, 2010
Secretary of State**

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 (X)**

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

I hereby 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 PRES 01/07/2010

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