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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90187 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P06980

1. Corporation Name
ARBOR HEALTH CARE COMPANY

Principal Place of Business
 105 WEST MICHIGAN STREET
 PO BOX 840
 MILWAUKEE WI 53203
 US

Mailing Address
 105 WEST MICHIGAN STREET
 PO BOX 840
 MILWAUKEE WI 53203
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/06/1985

4. FEI Number
34-1469604

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CARTER, J. WESLEY	
STREET ADDRESS	105 W. MICHIGAN STREET	
CITY-ST-ZIP	MILWAUKEE WI 53203	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	AUSTIN, LELAND M. J	
STREET ADDRESS	105 W. MICHIGAN STREET	
CITY-ST-ZIP	MILWAUKEE WI 53203	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BERTRAND, RICHARD L.	
STREET ADDRESS	105 W. MICHIGAN STREET	
CITY-ST-ZIP	MILWAUKEE WI 53203	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RHINELANDER, MELVIN A.	
STREET ADDRESS	105 W. MICHIGAN STREET	
CITY-ST-ZIP	MILWAUKEE WI 53203	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEVONOWICH, WALTER A.	
STREET ADDRESS	105 W. MICHIGAN STREET	
CITY-ST-ZIP	MILWAUKEE WI 53203	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter A. Levonowich DATE: 4/22/99 DAYTIME PHONE #: (414) 908-8093
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)