

P09525

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2029257  
(Sub Account)

DATE: 6-28

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: ( ) ( ) EXT ( )

CONTACT NAME:

CORPORATION NAME: Extendicare Health Network, Inc

DOCUMENT NUMBER:  
(if applicable)

file Statement of Change RA  
Stamped copy back.

AUTHORIZATION:

Cynthia J. Woodyard

☐ CERTIFIED COPY (1-9)  
☐ CERTIFICATE OF STATUS (1-9)  
☐ PLAIN STAMPED COPY

700004450697--3

☐ Call When Ready  
☒ Walk In  
☐ Mail Out

☐ Call if Problem  
☐ Will Wait

☐ After 4:00  
☐ Pick Up

FILED  
JUL -9 PM 3:16  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

RR  
629101

002250  
\*00789, 00524, 00672



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 29, 2001

Lexis Document Services  
3953 WW Kelley Rd.  
Tallahassee, FL

SUBJECT: EXTENDICARE HEALTH NETWORK, INC.  
Ref. Number: P09525

We have received your document for EXTENDICARE HEALTH NETWORK, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The document number and the original date of incorporation are wrong on line #3. Please see the attached printouts.

If you have any questions concerning the filing of your document, please call (850) 487-6050.

Annette Ramsey  
Corporate Specialist

Letter Number: 301A00039208

RECEIVED  
01 JUL -9 PM 12:55  
DIVISION OF CORPORATION

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Extendicare Health Network, Inc.
2. The mailing address of the corporation is: 111 W. Michigan St., Milwaukee, WI 53202
3. Date of incorporation/qualification: 6-23-95 Document number: ~~295000003401~~ P09525
4. The name and address of the current registered agent and office:  
CT Corporation System  
1200 S. Pine Island Rd.  
Plantation, FL 33324
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  
LEXIS Document Services Inc.  
3953 W.W. Kelley Road  
Tallahassee, FL 32311

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board.

Roch Carter  
(Signature of an officer, chairman or vice chairman of the board)

6/20/01  
(Date)

Roch Carter, Vice President  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Terry Ferrentino  
(Signature of Registered Agent)

6-27-01  
(Date)

If signing on behalf of an entity:

Terry Ferrentino  
(Typed or Printed Name)

Asst. Secy.  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*