

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P09525

1. Entity Name
EXTENDICARE HEALTH NETWORK, INC.



Principal Place of Business
111 W. MICHIGAN STREET
MILWAUKEE, WI 53203

Mailing Address
111 W. MICHIGAN STREET
MILWAUKEE, WI 53203

#150.00

FILED

04 MAY -7 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04232004 No Chg-P CR2E034 (10/03)

04

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-1104974
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BERTRAND, RICHARD L 111 W. MICHIGAN STREET MILWAUKEE, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RHINELANDER, MELVIN A 111 W. MICHIGAN STREET MILWAUKEE, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFS CARTER, ROCH 111 W. MICHIGAN STREET MILWAUKEE, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOT DURISHAN, MARK W 111 W. MICHIGAN STREET MILWAUKEE, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOUNTAIN, JILIAN E 111 W. MICHIGAN STREET MILWAUKEE, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC HARRIS, DOUGLAS J 111 W. MICHIGAN STREET MILWAUKEE, WI 53203

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05/18/04--01062--019 **500.00

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12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas J Harris 4/27/04 414/908-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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