

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90166 029 ***150.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222005

Chg-P

CR2E034 (10/03)

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

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
BERTRAND, RICHARD L
111 W. MICHIGAN STREET
MILWAUKEE, WI 53203** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Senior Vice President, CFO + Treasurer ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
RHINELANDER, MELVIN A
111 W. MICHIGAN STREET
MILWAUKEE, WI 53203** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFS
CARTER, ROCH
111 W. MICHIGAN STREET
MILWAUKEE, WI 53203** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCOT
DURISHAN, MARK W
111 W. MICHIGAN STREET
MILWAUKEE, WI 53203** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Executive Vice President, Chief Operating Officer
Philip W Small
111 W Michigan St.
Milwaukee WI 53203** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FOUNTAIN, JILIAN E
111 W. MICHIGAN STREET
MILWAUKEE, WI 53203** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPC
HARRIS, DOUGLAS J
111 W. MICHIGAN STREET
MILWAUKEE, WI 53203** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas J. Harris

4/27/05

Date

414-908-8000

Daytime Phone #