

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**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**



04212006 No Chg-P CR2E034 (11/05)

**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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 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  
**SVTC  
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  
**EVCO  
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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05/11/06-80041-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*

4/27/06

Date

414-708-8070

Daytime Phone #