

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09525

FILED
Apr 13, 2011
Secretary of State

Entity Name: EXTENDICARE HEALTH NETWORK, INC.

Current Principal Place of Business:

111 W. MICHIGAN STREET
MILWAUKEE, WI 53203

New Principal Place of Business:

Current Mailing Address:

111 W. MICHIGAN STREET
MILWAUKEE, WI 53203

New Mailing Address:

FEI Number: 39-1104974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO
Name: LUKENDA, TIMOTHY L
Address: 111 W. MICHIGAN ST.
City-St-Zip: MILWAUKEE, WI 53203

Title: VPAS
Name: PEARCE, DAVID B
Address: 111 W. MICHIGAN ST.
City-St-Zip: MILWAUKEE, WI 53203

Title: CFOT
Name: HARRIS, DOUGLAS J
Address: 111 W. MICHIGAN ST.
City-St-Zip: MILWAUKEE, WI 53203

Title: S
Name: FOUNTAIN, JILLIAN E
Address: 3000 STEELES AVE. EAST, SUITE 700
City-St-Zip: MARKHAM, ON L3R 9W2 CA

Title: AT
Name: KREILEIN, JANET L
Address: 111 W. MICHIGAN ST.
City-St-Zip: MILWAUKEE, WI 53203

Title: VP
Name: NELSON, LARAE L
Address: 111 W. MICHIGAN ST.
City-St-Zip: MILWAUKEE, WI 53203

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID B. PEARCE, VP

VP

04/13/2011

Electronic Signature of Signing Officer or Director

Date