

# P02525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

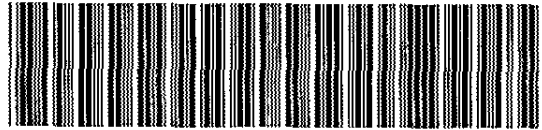
(Business Entity Name)

(Document Number)

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Change

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03 JUN 12 PM 1:07  
STATE  
TALLAHASSEE, FLORIDA

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6/12/03

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ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2040010  
(Sub Account)

DATE: 6/12

REQUESTOR NAME: Lexis Document Services

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: (\_\_\_\_) (\_\_\_\_-\_\_\_\_) ext (\_\_\_\_)

CONTACT NAME: \_\_\_\_\_

CORPORATION NAME: Extendicare Health Network, Inc.

DOCUMENT NUMBER: \_\_\_\_\_  
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

35.00  
Chg. P.R.

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

( ) Call When Ready	( ) Call if Problem	( ) After 4:30
( ) Walk In	( ) Will Wait	( ) Pick Up
( ) Mail Out		

**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, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Extendicare Health Network, Inc.

2. The principal office address: 111 W Michigan St Milwaukee WI 53203

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 3-25-86 Document number: P09525

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System

1200 South Pine Island Rd

Plantation FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LexisNexis Document Solutions Inc.

3953 W.W. Kelley Rd

(P.O. Box or personal mailbox NOT acceptable)

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 so authorized by the board, or the corporation has been notified in writing of the change.

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

Roch Carter

(Printed or typed name and title)

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Terry Ferrentino  
(Signature of Registered Agent)

6-11-03

(Date)

If signing on behalf of an entity:

Terry Ferrentino  
(Typed or Printed Name)

Assistant Secretary  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE