

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

04 MAY -7 PM 5:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P23595

**1. Entity Name
EXTENDICARE HEALTH SERVICES, INC.**



Principal Place of Business

**111 W. MICHIGAN ST
MILWAUKEE, WI 53203**

Mailing Address

**111 W. MICHIGAN ST
MILWAUKEE, WI 53203**

\$150.00



04232004 No Chg-P CR2E034 (10/03)

04

DO NOT WRITE IN THIS SPACE

**4. FEI Number
98-0066268**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES 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, 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	SVP
NAME	SMALL, PHILLIP W
STREET ADDRESS	111 W. MICHIGAN ST
CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	S
NAME	FOUNTAIN, JILLIAN E
STREET ADDRESS	111 W. MICHIGAN ST
CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	CEO
NAME	RHINELANDER, MELVIN A
STREET ADDRESS	111 W. MICHIGAN ST
CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	VP
NAME	WAGNER, L. WILLIAM
STREET ADDRESS	111 W. MICHIGAN ST
CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	VPC
NAME	HARRIS, DOUGLAS J
STREET ADDRESS	111 W. MICHIGAN ST
CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	VPCO
NAME	DURISHAN, MARK W
STREET ADDRESS	111 W. MICHIGAN ST
CITY-ST-ZIP	MILWAUKEE, WI 53203

**700036557797
05/18/04--01062--019 **500.00**

**DO NOT WRITE
IN THIS SPACE**

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

4/27/04

Date

414/908-8200

Daytime Phone #

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