2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P23595

1. Entity Name
EXTENDICARE HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
111 W. MICHIGAN ST MILWAUKEE, WI 53203	111 W. MICHIGAN ST MILWAUKEE, WI 53203

DO NOT WRITE IN THIS SPACE

04212006 No Chg-P CR2E034 (11/05)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VCOO
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	VCFO
NAME	BERTRAND, RICHARD L
STREET ADDRESS	111 W. MICHIGAN ST
CITY-ST-ZIP	MILWAUKEE, WI 53203

000000544566
05/11/06-80041-004 150.00

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: Douglas J. Harris 4/27/06 414-908-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #