

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91343 036 ***150.00

0649492 AT

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

98-0066268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES INC.
3953 W.W. KELLEY RD.
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SVP	<input type="checkbox"/> Delete
NAME	SMALL, PHILLIP W	
STREET ADDRESS	111 W. MICHIGAN ST	
CITY-ST-ZIP	MILWAUKEE WI 53203	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOUNTAIN, JILLIAN E	
STREET ADDRESS	111 W. MICHIGAN ST	
CITY-ST-ZIP	MILWAUKEE WI 53203	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	RHINELANDER, MELVIN A	
STREET ADDRESS	111 W. MICHIGAN ST	
CITY-ST-ZIP	MILWAUKEE WI 53203	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WAGNER, L. WILLIAM	
STREET ADDRESS	111 W. MICHIGAN ST	
CITY-ST-ZIP	MILWAUKEE WI 53203	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	HARRIS, DOUGLAS J	
STREET ADDRESS	111 W. MICHIGAN ST	
CITY-ST-ZIP	MILWAUKEE WI 53203	
TITLE	VPCO	<input type="checkbox"/> Delete
NAME	DURISHAN, MARK W	
STREET ADDRESS	111 W. MICHIGAN ST	
CITY-ST-ZIP	MILWAUKEE WI 53203	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03
Date

414 908 8858
Daytime Phone #

CR2E034 (10/02)