

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825176

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: ERDMAN HEALTHCARE FACILITIES COMPANY

## Current Principal Place of Business:

ONE ERDMAN PLACE  
MADISON, WI 53717

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 44975  
MADISON, WI 53744

## New Mailing Address:

FEI Number: 20-0511364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
526 E PARK AVE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

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:

03/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RANSOM, SCOTT A  
Address: ONE ERDMAN PLACE  
City-St-Zip: MADISON, WI 53717

Title: ST ( ) Delete  
Name: HANDY, CHARLES M  
Address: 4401 BARCLAY DOWNS DRIVE, SUITE 300  
City-St-Zip: CHARLOTTE, NC 28209

Title: EVP ( ) Delete  
Name: HAPP, BRIAN L  
Address: ONE ERDMAN PLACE  
City-St-Zip: MADISON, WI 53717

Title: EVP ( ) Delete  
Name: PEEL, WILLIAM L JR  
Address: ONE ERDMAN PLACE  
City-St-Zip: MADISON, WI 53717

Title: VP ( ) Delete  
Name: SAUNDERS, SCOTT R  
Address: ONE ERDMAN PLACE  
City-St-Zip: MADISON, WI 53717

Title: VP ( ) Delete  
Name: HELIN, KURTIS M  
Address: ONE ERDMAN PLACE  
City-St-Zip: MADISON, WI 53717

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRIAN HAPP

EVP

03/16/2009

Electronic Signature of Signing Officer or Director

Date