

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825176

FILED  
Mar 10, 2011  
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.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BRAUN, RAY W  
Address: 4401 BARCLAY DOWNS DRIVE SUITE 300  
City-St-Zip: CHARLOTTE, NC 28209

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BRIAN HAPP

EVP

03/10/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date