


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90221 004 ***158.75

DOCUMENT # F94000003182					
1. Entity Name ALTEIRA HEALTHCARE CORPORATION					
Principal Place of Business 6737 W. WASHINGTON ST. SUITE 2300 MILWAUKEE, WI 53214 US			Mailing Address 6737 W. WASHINGTON ST. SUITE 2300 MILWAUKEE, WI 53214 US		
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 39-1771281	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WESLEY, EDENS		NAME		
STREET ADDRESS	10000 INNOVATION DRIVE		STREET ADDRESS	6737 W. Washington St, Ste 2300	
CITY-ST-ZIP	MILWAUKEE, WI 53226		CITY-ST-ZIP	Milwaukee, WI 53214	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BATY, DANIEL		NAME		
STREET ADDRESS	10000 INNOVATION DRIVE		STREET ADDRESS	6737 W. Washington St, Ste 2300	
CITY-ST-ZIP	MILWAUKEE, WI 53226		CITY-ST-ZIP	Milwaukee, WI 53214	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COPELAND, DARRYL JR		NAME	Roy Brandstrom	
STREET ADDRESS	10000 INNOVATION DR.		STREET ADDRESS	6737 W. Washington St, Ste 2300	
CITY-ST-ZIP	MILWAUKEE, WI 53226		CITY-ST-ZIP	Milwaukee, WI 53214	
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRUPP-GORDON, GERRI		NAME		
STREET ADDRESS	10000 INNOVATION DRIVE		STREET ADDRESS	6737 W. Washington St, Ste 2300	
CITY-ST-ZIP	MILWAUKEE, WI 53226		CITY-ST-ZIP	Milwaukee, WI 53214	
TITLE	VTS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERGE, KRISTIN A		NAME		
STREET ADDRESS	10000 INNOVATION DRIVE		STREET ADDRESS	6737 W. Washington St, Ste 2300	
CITY-ST-ZIP	MILWAUKEE, WI 53226		CITY-ST-ZIP	Milwaukee, WI 53214	
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OHLENDORF, MARK		NAME		
STREET ADDRESS	10000 INNOVATION DRIVE		STREET ADDRESS	6737 W. Washington St, Ste 2300	
CITY-ST-ZIP	MILWAUKEE, WI 53226		CITY-ST-ZIP	Milwaukee, WI 53214	
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: <i>Kristin Ferge</i>		Date: 4/25/05		Daytime Phone #: 414-918-5000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	