


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90074 011 ***150.00

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1. Entity Name
ALTERRA 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 - No P.O. Box #
330 North Wabash

3. Mailing Address
330 North Wabash

Suite, Apt. #, etc.
Suite 1400

Suite, Apt. #, etc.
Suite 1400


City & State
Chicago, IL

City & State
Chicago, IL

Zip Country
60611 USA

Zip Country
60611 USA

90074110



01102007 Chg-P CR2E034 (12/06)

4. FEI Number
39-1771281

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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 _____ 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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTE, MARK J 330 N. WABASH AVENUE, SUITE 1400 CHICAGO, IL 60611 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIJOS, JOHN R 330 N. WABASH AVENUE, SUITE 1400 CHICAGO, IL 60611 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PASKIN, DEBORAH C 330 N. WABASH AVENUE, SUITE 1400 CHICAGO, IL 60611 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS KRUPP-GORDON, GERI 6737 W. WASHINGTON ST., STE 2300 MILWAUKEE, WI 53214 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS FERGE, KRISTIN A 6737 W. WASHINGTON ST., STE 2300 MILWAUKEE, WI 53214 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO OHLENDORF, MARK 6737 W. WASHINGTON ST., STE 2300 MILWAUKEE, WI 53214 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-President/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/S T. Andrew Smith 111 Westwood Drive, #200 Brentwood, TN 37012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-CEO/D W.E. Sheriff 111 Westwood Drive, #200 Brentwood, TN 37027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-President/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: By:  **John P. Rijos, Co-President** **04/10/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #