

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003182

FILED
Apr 11, 2008
Secretary of State

Entity Name: ALTERRA HEALTHCARE CORPORATION

Current Principal Place of Business:

330 N. WABASH
SUITE 1400
CHICAGO, IL 60611 US

New Principal Place of Business:

Current Mailing Address:

330 N. WABASH
SUITE 1400
CHICAGO, IL 60611 US

New Mailing Address:

FEI Number: 39-1771281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD (X) Delete
Name: SCHULTE, MARK J
Address: 330 N. WABASH AVENUE, SUITE 1400
City-St-Zip: CHICAGO, IL 60611

Title: CPD () Delete
Name: RIJOS, JOHN R
Address: 330 N. WABASH AVENUE, SUITE 1400
City-St-Zip: CHICAGO, IL 60611

Title: EPS () Delete
Name: SMITH, ANDREW T
Address: 111 WESTWOOD DR #200
City-St-Zip: BRENTWOOD, TN 37012

Title: CEOD () Delete
Name: SHERIFF, W E
Address: 111 WESTWOOD DR. #200
City-St-Zip: BRENTWOOD, TN 37027

Title: EVT () Delete
Name: FERGE, KRISTIN A
Address: 6737 W. WASHINGTON ST., STE 2300
City-St-Zip: MILWAUKEE, WI 53214

Title: PD () Delete
Name: OHLENDORF, MARK
Address: 6737 W. WASHINGTON ST., STE 2300
City-St-Zip: MILWAUKEE, WI 53214

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: JOHN P. RIJOS

_____ Electronic Signature of Signing Officer or Director

CDP

04/11/2008

_____ Date