
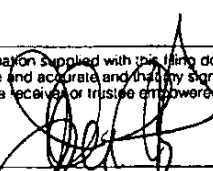


FILED
May 22, 2007 8:00 am
Secretary of State

04-23-2007 90362 035 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M06000001880 1. Entity Name AHC SOUTHLAND-MELBOURNE, LLC		
Principal Place of Business 6737 W. WASHINGTON STREET, SUITE 2300 MILWAUKEE, WI 53214		Mailing Address 6737 W. WASHINGTON STREET, SUITE 2300 MILWAUKEE, WI 53214
2. Principal Place of Business - No P.O. Box # 330 N. Wabash Suite, Apt. #, etc. #1400	3. Mailing Address 330 N. Wabash Suite, Apt. #, etc. #1400	
City & State CHICAGO, IL Zip 60611	City & State CHICAGO, IL Zip 60611	
4. FEI Number APPLIED FOR 20-4625955		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent C T 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 <div style="text-align: right;"> FL Zip Code </div>
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 re-registering) _____ DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE MGR	NAME ALTERRA HEALTHCARE CORPORATION	TITLE MGR
STREET ADDRESS 6737 W. WASHINGTON STREET, SUITE 2300	STREET ADDRESS 330 North Wabash, #1400	NAME Mark J. Schulte
CITY-ST-ZIP MILWAUKEE, WI 53214	CITY-ST-ZIP Chicago, IL 60611	STREET ADDRESS 330 North Wabash, #1400
<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR	NAME John P. Rijos	TITLE MGR
STREET ADDRESS 330 North Wabash, #1400	STREET ADDRESS 6737 West Washington, #2300	NAME Mark W. Ohlendorf
CITY-ST-ZIP Chicago, IL 60611	CITY-ST-ZIP Milwaukee, WI 53214	STREET ADDRESS 111 Westwood Drive, #200
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE MGR	NAME W.E. Sheriff	TITLE MGR
STREET ADDRESS 111 Westwood Drive, #200	STREET ADDRESS Brentwood, TN 37027	NAME W.E. Sheriff
CITY-ST-ZIP Brentwood, TN 37027	CITY-ST-ZIP Brentwood, TN 37027	STREET ADDRESS Brentwood, TN 37027
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: By: 		John P. Rijos, Manager, 312/977-3700 04/10/07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>