2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT#825176

Current Principal Place of Rusiness:

Entity Name: ERDMAN HEALTHCARE FACILITIES COMPANY

Electronic Signature of Registered Agent

FILED Oct 07, 2008 Secretary of State

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ONE ERDMAN PLACE MADISON, WI 53717			
Current Mailing Address:		New Mailing Address:	
PO BOX 44975 MADISON, WI 53744			
FEI Number: 20-0511364	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
NRAI SERVICES, INC. 526 E PARK AVE TALLAHASSEE, FL 32301	US		

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

Now Principal Place of Rusiness:

OFFICERS AND DIRECTORS:

in the State of Florida.

SIGNATURE:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: () Delete Title: (X) Change () Addition RANSOM, SCOTT RANSOM, SCOTT A Name: Name: ONE ERDMAN PLACE ONE ERDMAN PLACE Address: Address: City-St-Zip: MADISON, WI 53717 City-St-Zip: MADISON, WI 53717 Title: Title: (X) Change () Addition () Delete PELISEK, DAVID HANDY, CHARLES M Name: Name: 777 EAST WISCONSIN AVE Address: 4401 BARCLAY DOWNS DRIVE, SUITE 300 Address: MADISON, WI 53202 CHARLOTTE, NC 28209 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: CFO () Delete **FVP** HAPP, BRIAN Name: HAPP, BRIAN L Name: ONE ERDMAN PLACE Address: ONE ERDMAN PLACE Address: City-St-Zip: MADISON, WI 53717 City-St-Zip: MADISON, WI 53717 Title: COO () Delete Title: **EVP** (X) Change () Addition PEEL, WILLIAM PEEL, WILLIAM L JR Name: Name: Address: ONE ERDMAN PLACE Address: ONE ERDMAN PLACE City-St-Zip: MADISON, WI 53717 City-St-Zip: MADISON, WI 53717 Title: ΤD Title: (X) Change () Addition () Delete LUBAR, DAVID SAUNDERS, SCOTT R Name: Name: Address: 700 NORTH WATER ST Address: ONE ERDMAN PLACE City-St-Zip: MADISON, WI 53202 City-St-Zip: MADISON, WI 53717 Title: () Delete Title: (X) Change () Addition HELIN, KURTIS HELIN, KURTIS M Name: Name: ONE ERDMAN PLACE ONE ERDMAN PLACE Address: Address: City-St-Zip: MADISON, WI 53717 City-St-Zip: MADISON, WI 53717

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: BRIAN L. HAPP EVP 10/07/2008