

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 825176

**Entity Name:** ERDMAN HEALTHCARE FACILITIES COMPANY

**Current Principal Place of Business:**

ONE ERDMAN PLACE  
MADISON, WI 53717

**Current Mailing Address:**

PO BOX 44975  
MADISON, WI 53744

**FEI Number:** 20-0511364

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title S  
Name WOYKE, ELI  
Address ONE ERDMAN PLACE  
City-State-Zip: MADISON WI 53717

Title VPA  
Name WAMBACH, TODD A  
Address ONE ERDMAN PLACE  
City-State-Zip: MADISON FL 53717

Title CPT  
Name HAPP, BRIAN  
Address ONE ERDMAN PLACE  
City-State-Zip: MADISON WI 53717

Title AS  
Name KUEHL, DAVID C  
Address 700 N. WATER STREET, SUITE 1200  
City-State-Zip: MILWAUKEE WI 53202

Title VPE  
Name SAUNDERS, SCOTT R  
Address ONE ERDMAN PLACE  
City-State-Zip: MADISON WI 53717

Title VPA  
Name HELIN, KURTIS M  
Address ONE ERDMAN PLACE  
City-State-Zip: MADISON WI 53717

Title VPA  
Name MCKAY, MICHAEL A  
Address ONE ERDMAN PLACE  
City-State-Zip: MADISON WI 53717

*I hereby 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 all other like empowered.*

**SIGNATURE:** BRIAN HAPP

**PRESIDENT**

**04/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date