

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



40070410

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
60611

Country
USA

Zip
60611

Country
USA

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
RIJOS, JOHN R
330 N. WABASH AVENUE, SUITE 1400
CHICAGO, IL 60611

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
PASKIN, DEBORAH C
330 N. WABASH AVENUE, SUITE 1400
CHICAGO, IL 60611

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VAS
KRUPP-GORDON, GERI
6737 W. WASHINGTON ST., STE 2300
MILWAUKEE, WI 53214

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VTS
FERGE, KRISTIN A
6737 W. WASHINGTON ST., STE 2300
MILWAUKEE, WI 53214

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PCEO
OHLENDORF, MARK
6737 W. WASHINGTON ST., STE 2300
MILWAUKEE, WI 53214

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Co-CEO/D

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Co-President/D

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

EVP/S
T. Andrew Smith
111 Westwood Drive, #200
Brentwood, TN 37012

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Co-CEO/D
W.E. Sheriff
111 Westwood Drive, #200
Brentwood, TN 37027

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

EVP/T

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Co-President/D

☒ Change ☐ 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 #