

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90375 007 ****50.00

DOCUMENT # M06000001876					
1. Entity Name AHC SOUTHLAND-LAKELAND, 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 North Wabash		3. Mailing Address 330 North Wabash		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">60039044</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 04112007 Chg-LLC CR2E083 (12/06) </div> <div style="display: flex; justify-content: space-between; font-size: 12px;"> 4. FEI Number 20-4626042 Applied For <input type="checkbox"/> Not Applicable </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required </div>	
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		
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="display: flex; justify-content: space-between;"> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR ALTERRA HEALTHCARE CORPORATION 6737 W. WASHINGTON STREET, SUITE 2300 MILWAUKEE, WI 53214	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mark J. Schulte 330 North Wabash, #1400 Chicago, IL 60611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR John P. Rijos 330 North Wabash, #1400 Chicago, IL 60611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mark W. Ohlendorf 6737 West Washington, #2300 Milwaukee, WI 53214	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR W.E. Sheriff 111 Westwood Drive, #200 Brentwood, TN 37027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 04/10/07 312/977-3700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					