

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001348

1. Entity Name

HCR/ALTERRA DEVELOPMENT, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06

Principal Place of Business

450 NORTH SUNNYSLOPE ROAD, SUITE 300
BROOKFIELD WI 53005

Mailing Address

450 NORTH SUNNYSLOPE ROAD, SUITE 300
BROOKFIELD WI 53005-4861

2. Principal Place of Business

10000 Innovation Dr.
Suite, Apt. #, etc.

Tax Dept.

City & State
Milwaukee WI

Zip Country
53226

3. Mailing Address

10000 Innovation Dr.
Suite, Apt. #, etc.

Tax Dept.

City & State
Milwaukee WI

Zip Country
53226



DO NOT WRITE IN THIS SPACE

4. FEI Number

39-1966592

Applied For

Not Applicable

5. Certificate of Status Desired



\$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

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM ☐ Delete
STREET ADDRESS ALTERRA HEALTHCARE CORPORATION
CITY- ST- ZIP 450 NORTH SUNNYSLOPE ROAD, SUITE 300
BROOKFIELD WI 53005

TITLE NAME MGRM ☐ Delete
STREET ADDRESS HCR MANOR CARE, INC.
CITY- ST- ZIP 333 NORTH SUMMIT STREET
TOLEDO OH 43604

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 10000 Innovation Dr.
CITY- ST- ZIP Milwaukee WI 53226

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP 400003282564--4

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP 06/09/00 0101-00
*****55.00 *****55.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Mark J. Chapman

4-21-00

414-918-5593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)