

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001348

1. Entity Name

HCR/ALTERRA DEVELOPMENT, LLC

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90143 037 \*\*\*\*\*55.00

957114



DO NOT WRITE IN THIS SPACE

Principal Place of Business

10000 INNOVATION DR., TAX DEPT.  
MILWAUKEE WI 53226

Mailing Address

10000 INNOVATION DR., TAX DEPT.  
MILWAUKEE WI 53226

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES
	<b>MGRM</b> <b>ALTERRA HEALTHCARE CORPORATION</b> <b>10000 INNOVATION DR., TAX DEPT.</b> <b>MILWAUKEE WI 53226</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>MGRM</b> <b>HCR MANOR CARE, INC.</b> <b>333 NORTH SUMMIT STREET</b> <b>TOLEDO OH 43604</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Kurtis L. [Signature]*  
SIGNATURE REQUIRED

4/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)