

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90497 038 ***150.00

06459298
AT

DOCUMENT # F00000003233

1. Entity Name
ARC BOCA RATON, INC.



Principal Place of Business
**111 WESTWOOD PLACE, SUITE 402
SUITE 200
BRENTWOOD TN 32027**

Mailing Address
**111 WESTWOOD PLACE, SUITE 402
SUITE 200
BRENTWOOD TN 32027**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1820386

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **CD**
STREET ADDRESS **SHERIFF, W E**
CITY-ST-ZIP **111 WESTWOOD PLACE STE 200
BRENTWOOD TN 32027**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **P**
STREET ADDRESS **COATES, CHRISTOPHER J**
CITY-ST-ZIP **111 WESTWOOD PLACE STE 200
BRENTWOOD TN 32027**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **V**
STREET ADDRESS **KAESTNER, H. TODD**
CITY-ST-ZIP **111 WESTWOOD PLACE STE 200
BRENTWOOD TN 32027**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VST**
STREET ADDRESS **HICKS, GEORGE T**
CITY-ST-ZIP **111 WESTWOOD PLACE STE 200
BRENTWOOD TN 32027**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **V**
STREET ADDRESS **MONEY, JAMES T**
CITY-ST-ZIP **111 WEST WOOD PLACE
BRENTWOOD TN 32027**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: *George Hicks* **SIGNATURE REQUIRED** George Hicks 3-27-03 615 221 2260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)