
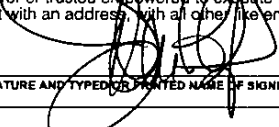


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-23-2007 90074 006 ***150.00

DOCUMENT # F99000006395					
1. Entity Name AHC PURCHASER, INC.					
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			
Suite, Apt. #, etc. Suite 1400		Suite, Apt. #, etc. Suite 1400			
City & State Chicago, IL		City & State Chicago, IL		4. FEI Number 39-1981030	
Zip 60611	Country USA	Zip 60611	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS OHLENDORF, MARK W 6737 W. WASHINGTON STREET, SUITE 2300 MILWAUKEE, WI 53214	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-President/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS FERGE, KRISTIN A 6737 W. WASHINGTON STREET, SUITE 2300 MILWAUKEE, WI 53214	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS KRUPP-GORDON, GERI 6737 W. WASHINGTON STREET, SUITE 2300 MILWAUKEE, WI 53214	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/S T. Andrew Smith 111 Westwood Drive, #200 Brentwood, TN ;37027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIJOS, JOHN R 330 N. WABASH AVENUE, SUITE 1400 CHICAGO, IL 60611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-President/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, R. STANLEY 330 N. WABASH AVENUE, SUITE 1400 CHICAGO, IL 60611	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-CEO/D W.E. Sheriff 111 Westwood Drive, #200 Brentwood, TN 37027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHULTE, MARK J 330 N. WABASH AVENUE, SUITE 1400 CHICAGO, IL 60611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 #	