


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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


04-23-2007 90075 010 ***150.00

DOCUMENT # F00000003233	
1. Entity Name ARC BOCA RATON, INC.	

Principal Place of Business 111 WESTWOOD PLACE SUITE 200 BRENTWOOD, TN 32027	Mailing Address 111 WESTWOOD PLACE SUITE 200 BRENTWOOD, TN 32027
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 330 N. Wabash
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1400
City & State	City & State Chicago, IL
Zip	Country
Country	Zip 60611

40075461



01102007 Chg-P CR2E034 (12/06)

4. FEI Number 62-1820386	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$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.

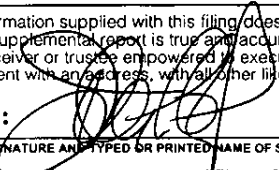
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SHERIFF, W E <input type="checkbox"/> Delete 111 WESTWOOD PLACE STE 200 BRENTWOOD, TN 32027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO RICHARDSON, BRYAN <input checked="" type="checkbox"/> Delete 111 WESTWOOD PLACE STE 200 BRENTWOOD, TN 32027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-President/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John P. Rijos 330 N. Wabash, #1400 Chicago, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAESTNER, H. TODD <input checked="" type="checkbox"/> Delete 111 WESTWOOD PLACE STE 200 BRENTWOOD, TN 32027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mark W. Ohlendorf 6737 W. Washington, #2300 Milwaukee, WI 53214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HICKS, GEORGE T <input checked="" type="checkbox"/> Delete 111 WESTWOOD PLACE STE 200 BRENTWOOD, TN 32027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T. Andrew Smith 111 Westwood Drive, #200 Brentwood, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONEY, JAMES T <input checked="" type="checkbox"/> Delete 111 WEST WOOD PLACE BRENTWOOD, TN 32027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kristin A. Ferge 6737 W. Washington, #2300 Milwaukee, WI 53214
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

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 life 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 #