

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000285

FILED  
Apr 01, 2011  
Secretary of State

Entity Name: AHC PHN I, INC.

## Current Principal Place of Business:

111 WESTWOOD PLACE  
SUITE 200  
BRENTWOOD, TN 37027

## New Principal Place of Business:

111 WESTWOOD PLACE  
SUITE 400  
BRENTWOOD, TN 37027

## Current Mailing Address:

330 N. WABASH, STE. 1400  
CHICAGO, IL 60611

## New Mailing Address:

FEI Number: 20-5934170      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324    US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: RIJOS, JOHN P.  
Address: 330 N. WABASH, STE. 1400  
City-St-Zip: CHICAGO, IL 60611

Title: S  
Name: SMITH, T. ANDREW  
Address: 111 WESTWOOD PLACE, STE. 400  
City-St-Zip: BRENTWOOD, TN 37027

Title: T  
Name: FERGE, KRISTIN A.  
Address: 6737 W. WASHINGTON ST., STE. 2300  
City-St-Zip: MILWAUKEE, WI 53214

Title: CEOD  
Name: SHERIFF, W E  
Address: 111 WESTWOOD PLACE, SUITE 400  
City-St-Zip: BRENTWOOD, TN 37027

Title: CFOD  
Name: OHLENDORF, MARK W  
Address: 6737 WEST WASHINGTON, SUITE 2300  
City-St-Zip: MILWAUKEE, WI 53214

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN P. RIJOS

P

04/01/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date