2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2007 08:00 AN **Secretary of State**

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1. Entity Name

ARH MANAGEMENT CORPORATION



Principal Place of Business

Mailing Address

1500 E HILLSBORO BLVD SUITE 110

DEERFIELD BCH, FL 33441

1500 E HILLSBORO BLVD

SUITE 110

DEERFIELD BCH, FL 33441



DO NOT WRITE IN THIS SPACE

03232007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 56-2348214 Not Applicable 5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COEL, MARK A ESQUIRE ONE LINCOLN PLACE 1900 GLADES ROAD, SUITE 350 BOCA RATON, FL 33431-0000

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	ed office or i	registered agent, or b	oth, in the State of Florida. I am familiar	with, and accept
SIGNATURE_	Signature, typod or printed name of registered agent and little I	f applicable (NOTE: Registored	Agent elgnatur	e required when remetating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	400000680672 04/04/07-80009-005 4	150 . 00
18.	OFFICERS AND DIREC	TORS		···		
title name street address chy-st-zp	PRES HAMPTON, ROGER 1500 E. HILLSBORO BLVD., SUITE 1 DEERFIELD BEACH, FL 33441	10				- Management - American Company - The Compan
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutas 1 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 of 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:

CITY-ST-ZIP

KOCER-HAMPSON PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-07

Date