

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90121 036 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P28703

1. Corporation Name

ARC MANAGEMENT CORPORATION

Principal Place of Business

**111 WESTWOOD PL
STE 402
BRENTWOOD TN 37027
US**

Mailing Address

**111 WESTWOOD PL
STE 402
BRENTWOOD TN 37027
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1990

4. FEI Number

62-1096164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

Country

24

25

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

Country

29

30

9. Name and Address of Current Registered Agent

**DRASS, JAMES H.,
208 PARK DRIVE
BAL HARBOR FL 33154**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	COATES, CHRISTOPHER J	
STREET ADDRESS	111 WESTWOOD PL, STE 402	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	EVFC	<input type="checkbox"/> DELETE
NAME	HICKS, GEORGE	
STREET ADDRESS	111 WESTWOOD PL, STE 402	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	MONEY, JAMES	
STREET ADDRESS	111 WESTWOOD PL, STE 402	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	EVCD	<input type="checkbox"/> DELETE
NAME	KAESTNER, H TODD	
STREET ADDRESS	111 WESTWOOD PL, STE 402	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	SHERIFFI, WE	
STREET ADDRESS	111 WESTWOOD PL SUITE 402	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)