

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90085 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K63718

1. Corporation Name
BSD HEALTHCARE INDUSTRIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4700 ASHWOOD DR STE 200 CINCINNATI OH 45241 US	Mailing Address 4700 ASHWOOD DR STE 200 CINCINNATI OH 45241 US
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3. Date Incorporated or Qualified 02/07/1989	4. FEI Number 31-1586472	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent SOUTH FLORIDA REGISTERED AGENTS INC. 200 E LAS OLAS BLVD STE 1900 FT. LAUDERDALE FL 33301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ROSEDALE, STEPHEN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4700 ASHWOOD DR STE 200	1.2 NAME	
STREET ADDRESS	CINCINNATI OH 45241	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	T WILDER, STEVE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4700 ASHWOOD DR STE 200	2.2 NAME	
STREET ADDRESS	CINCINNATI OH 45241	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VP FICKS, JACK	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4700 ASHWOOD DR STE 200	3.2 NAME	
STREET ADDRESS	CINCINNATI OH 45241	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SVP WILHEIM, RONALD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4700 ASHWOOD DR STE 200	4.2 NAME	
STREET ADDRESS	CINCINNATI OH 45241	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	Stoltz, Charles	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4700 Ashwood Dr. Ste 200	5.2 NAME	
STREET ADDRESS	CINCINNATI, OH 45241	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: 4/24/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)