

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90089 014 ***158.75

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1. Entity Name
BBC HEALTHCARE ENTERPRISES, INC.



Principal Place of Business
**300 GLEED AVENUE
EAST AURORA, NY 14502**

Mailing Address
**300 GLEED AVENUE
EAST AURORA, NY 14502**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
16-1442777

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HIQ CORPORATE SERVICES, INC.
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHUR, BARBARA B 166 DAVIS ROAD EAST AURORA, NY 14052
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FELDMAN, JOY A 167 RUSKIN ROAD AMHERST, NY 14226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRYLINSKI, PAULETT K 416 SOUTH STREET EAST AURORA, NY 14052
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TEHAN, ELISABETH C 6 WOODCREST DRIVE ORCHARD PARK, NY 14127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COLWELL, KENNETH W 104 LEICESTER KENMORE, NY 14217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. W. Colwell Treasurer

Date

1/10/07 716-652-2820

Daytime Phone #