

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000004506

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**



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
16-1442777

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVENUE, SUITE 200
TALLAHASSEE, FL 32301**

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHUR, BARBARA B
STREET ADDRESS 166 DAVIS ROAD
CITY-ST-ZIP EAST AURORA, NY 14052

TITLE V
NAME FELDMAN, JOY A
STREET ADDRESS 167 RUSKIN ROAD
CITY-ST-ZIP AMHERST, NY 14226

TITLE S
NAME BRYLINSKI, PAULETT K
STREET ADDRESS 416 SOUTH STREET
CITY-ST-ZIP EAST AURORA, NY 14052

TITLE V
NAME TEHAN, ELISABETH C
STREET ADDRESS 6 WOODCREST DRIVE
CITY-ST-ZIP ORCHARD PARK, NY 14127

TITLE T
NAME DENZ, DONALD T
STREET ADDRESS 7757 CENTER ROAD
CITY-ST-ZIP WEST FALLS, NY 14170

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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07/19/04-80018-008 158.75

12. 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 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

Joy A. Feldman, Vice President

Date

Daytime Phone #