


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90027 024 ***158.75

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 16-1442777	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent HIQ CORPORATE SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHUR, BARBARA B 166 DAVIS ROAD EAST AURORA, NY 14052	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FELDMAN, JOY A 167 RUSKIN ROAD AMHERST, NY 14226	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRYLINSKI, PAULETT K 416 SOUTH STREET EAST AURORA, NY 14052	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TEHAN, ELISABETH C 6 WOODCREST DRIVE ORCHARD PARK, NY 14127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENZ, DONALD T 7757 CENTER ROAD WEST FALLS, NY 14170	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLWELL, KENNETH W 104 LEICESTER KENMORE, NY 14217	<input type="checkbox"/> Delete			
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: <u>Joy A. Feldman, V.P.</u> 1/30/06 716-652-2820 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Joy A. Feldman, Vice President