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

Mailing Address

4700 ASHWOOD DR STE 200

CINCINNATI OH 45241

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K63718 1. Corporation Name

Principal Place of Business

4700 ASHWOOD DR

CINCINNATI OH: 45241

STE 200

BSD HEALTHCARE INDUSTRIES, INC.

US	US					3. Date Incorporated or Qualifed				
<del></del>		A- 11-99-	7				02/07/1989 4. FEI Number	11/	Applied For	
2. Principal i	Place of Business	$\overline{}$	ng Address				31-1586472		Not Applicable	
11 /	26					<del></del>	31-100472	<del></del> _		
Suite, Apt	suite, Apt. #, etc.						5. Certificate of Status Desired   \$8.75 Additional Fee Required			
City & Sta							6. Election Campaign Financing	\$5.00	May Be	
:3	28						Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Zip Country				8. This corporation owes the current year Intangible			
4	25 29 30						Personal Property Tax.  Yes No			
	9. Name and Address of Current	Registered	Agent			•	10. Name and Address of New Registered A	gent		
					81	Name	<del></del>			
SOUTH FLORIDA REGISTERED AGENTS INC.					82 Street Address (P.O. Box Number is Not Acceptable)					
200 E LAS OLAS BLVD					82	Street Addi	less (F.O. Box Number is Not Acceptable)			
STE 1900					83					
FT. LAUDERDALE FL 33301										
				Ī	84	City	FL	85 Zip	Code	
							poration submits this statement for the purpose of c	hanging !	te registered	
office or	registered agent, or both, in the State o am familiar with, and accept the obligati	t Florida. Sud	ch change was au	monzea	Dy ti	he corporation	on's board of directors. I hereby accept the appoint	ment as	registered	
SIGNATURE	Signature, typed or printed name of registered agent		NOTE:	Pagistand :	Anont	cianatura require	ed when reinstating) DATE			
12.	OFFICERS AND		·····	13.	-ye:	aithriatha radhna	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
	OFFICERS AND	DIKECTOR	DELETE	1.1 TIT			, abilitation and a second	☐ Change		
TITLE	DOCEDALE CTEDUEN							_ '	_	
NAME .	ROSEDALE, STEPHEN			1.2 NA						
STREET ADDRESS				1.3 Ş∏	REET	ADDRESS	•			
CITY-ST-ZIP	CINCINNATI OH 45241			1.4 CIT		-ZIP			- Daddison	
TITLE	T		☐ DELETE	2.1 TIT	LE			Chang	e	
NAME	WILDER, STEVE			2.2 NA	ME					
STREET ADDRESS	s 4700 ASHWOOD DR STE 200			2.3 ST	EET,	ADORESS				
CITY-ST-ZIP	CINCINNATI OH 45241			2. 4 CF	ry-st	r-ZIP				
TITLE	VP		DELETE	3.1 TIT	LΕ			☐ Change	e 🔲 Addition	
NAME	FICKS, JACK		/1	3.2 NA	ME					
STREET ADDRESS	ATON ANIMOND DD OTE OOD					ADDRESS .		-	•	
	CINCINNATI OH 45241						•			
CITY-ST-ZIP	SVP		☐ DELETE	3.4. CI		-ZIP		[ ] Chang	e Addition	
TITLE			C DETEIL	4.1 111				<u> </u>	<u></u> e—	
NAME	WILHEIM, RONALD	•*		4. 2 NA						
STREET ADDRESS				1		ADDRESS				
CITY-ST-ZIP	CINCINNATI OH 45241			4.4 CIT		-ZIP		Chang	e Addition	
TITLE	VIII		☐ DELETÉ	5.1 TIT			•		e Magnigon	
NAME	Statta Charles	_		5.2 NA			the second section of the second	· .		
STREET ADDRES	S HVO Achared De	5/e20	り	5.3 STI	REET	ADDRESS				
CITY-ST-ZIP	Circumstry Of 4524	$\tilde{T}$		5.4 CIT		-ZIP		_		
TITLE		ì	☐ DELETE	6.1 111	LE			Change	e 🔲 Addition	
NAME	A State of the second			6.2 NA	ME.		·			
STREET ADDRES	s			6.3 ST	REET	ADDRESS				
CITY-ST-ZIP				6.4 CIT	Y-ST	-ZIP				
UIT-SI-AP	1	- ALI- EII	age not qualify for				Section 119.07(3)(i), Florida Statutes. I further certi	fy 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, ocen an attachment with an address, with all other like empowered.



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

05-03-1999 90085 014 \*\*\*150.00

DO NOT WRITE IN THIS SPACE