

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

05-03-1999 90085 014 ***150.00

DOCUMENT # K63718

1. Corporation Name

BSD HEALTHCARE INDUSTRIES, INC.

Principal Place of Business

4700 ASHWOOD DR
STE 200
CINCINNATI OH 45241
US

Mailing Address

4700 ASHWOOD DR
STE 200
CINCINNATI OH 45241
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1989

4. FEI Number

31-1586472

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOUTH FLORIDA REGISTERED AGENTS INC.
200 E LAS OLAS BLVD
STE 1900
FT. LAUDERDALE FL 33301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

ROSEDALE, STEPHEN

STREET ADDRESS

4700 ASHWOOD DR STE 200

CITY-ST-ZIP

CINCINNATI OH 45241

TITLE

T

☐ DELETE

NAME

WILDER, STEVE

STREET ADDRESS

4700 ASHWOOD DR STE 200

CITY-ST-ZIP

CINCINNATI OH 45241

TITLE

VP

☒ DELETE

NAME

FICKS, JACK

STREET ADDRESS

4700 ASHWOOD DR STE 200

CITY-ST-ZIP

CINCINNATI OH 45241

TITLE

SVP

☐ DELETE

NAME

WILHEIM, RONALD

STREET ADDRESS

4700 ASHWOOD DR STE 200

CITY-ST-ZIP

CINCINNATI OH 45241

TITLE

✓

☐ DELETE

NAME

Stoltz, Charles

STREET ADDRESS

4700 Ashwood Dr Ste 200

CITY-ST-ZIP

Cincinnati, OH 45241

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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Change ☐ Addition

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Change ☐ Addition

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Change ☐ Addition

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Change ☐ Addition

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Change ☐ Addition

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Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

Daytime Phone #

CR2E034 (11/98)