FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K64891 (0)

1. Corporation Name
BGS HEALTHCARE, INC.

Principal Place of Business	Mailing Address
8405 NW 53 ST C210 MIAMI FL 33166	8405 NW 53 ST C210 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/10/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 1200 So. Pine Island Road
Suite, Apt. #, etc.
27 Suite 600
City & State
28 Plantation, FL
Zip 29 33324 Country 30 U.S.A.

4. FEI Number: 65-0109629 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/P ☐ Change ☒ Addition
NAME	SWOOP, BETTE	1.2 NAME	Martin Arostegui
STREET ADDRESS	330 S/O OCEAN BLVD, APT/ 1B	1.3 STREET ADDRESS	1200 So. Pine Island Road, Suite 600
CITY-ST-ZIP	PALM BCH, FL 33480	1.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE		2.1 TITLE	D/VP ☐ Change ☒ Addition
NAME		2.2 NAME	J. Clifford Findeiss
STREET ADDRESS		2.3 STREET ADDRESS	1200 So. Pine Island Road, Suite 600
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE		3.1 TITLE	D/VP/S ☐ Change ☒ Addition
NAME		3.2 NAME	George W. McCleary, Jr.
STREET ADDRESS		3.3 STREET ADDRESS	1200 So. Pine Island Road, Suite 600
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE		4.1 TITLE	T ☐ Change ☒ Addition
NAME		4.2 NAME	Mary Ann Blanford
STREET ADDRESS		4.3 STREET ADDRESS	1200 So. Pine Island Road, Suite 600
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE		5.1 TITLE	Ass't Secretary ☐ Change ☒ Addition
NAME		5.2 NAME	Daniel I. Small
STREET ADDRESS		5.3 STREET ADDRESS	1200 So. Pine Island Road, Suite 600
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE		6.1 TITLE	Ass't. Secretary ☐ Change ☒ Addition
NAME		6.2 NAME	Neesa K. Warlen
STREET ADDRESS		6.3 STREET ADDRESS	1200 So. Pine Island Road, Suite 600
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Plantation, FL 33324

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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, or on an attachment with an address.

SIGNATURE: Neesa K. Warlen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Neesa K. Warlen / Assistant Secretary
Date: 4/13/95
Daytime Phone #: (305) 475-1300

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