

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 16 1996 8:00 am
Secretary of State

DOCUMENT # K64891 (0)

1. Corporation Name

BGS HEALTHCARE, INC.



Principal Place of Business

Mailing Address

8405 NW 53 ST CT 15280 NW 79th Ct
MIAMI FL 33166 Suite 104
Miami Lakes, FL 33016
1200 S PINE ISLAND RD
STE 600
PLANTATION FL 33324
US

3. Date Incorporated or Qualified
02/10/1989

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 15280 N.W. 79th Ct.

26 Suite, Apt. #, etc.

22 Suite 104

27 Suite, Apt. #, etc.

23 City & State
Miami Lakes, FL

28 City & State

24 Zip 33016 Country

29 Zip Country

4. FET Number
65-0109629

Applied For
Not Applicable

5. Certificate of Status Desired

XX

\$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

XX

Yes □ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

83 Suite 250

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 (last three applications)

Signature typed or printed name of new registered agent (last three applications)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME AROSTEGUI, MARTIN
STREET ADDRESS 1200 S PINE ISLAND RD, STE 600
CITY-ST-ZIP PLANTATION FL

□ DELETE

TITLE DVP
NAME FINDEISS, J. CLIFFORD
STREET ADDRESS 1200 S. PINE ISLAND RD, STE 600
CITY-ST-ZIP PLANTATION FL

□ DELETE

TITLE DVPS
NAME MCCLEARY, GEORGE W. J
STREET ADDRESS 1200 S. PINE ISLAND RD, STE 600
CITY-ST-ZIP PLANTATION FL

□ DELETE

TITLE T
NAME BLANFORD, MARY ANN
STREET ADDRESS 1200 S. PINE ISLAND RD, STE 600
CITY-ST-ZIP PLANTATION FL

□ DELETE

TITLE AS
NAME SMALL, DANIEL I.
STREET ADDRESS 1200 S. PINE ISLAND RD, STE 600
CITY-ST-ZIP PLANTATION FL

XX DELETE

TITLE AS
NAME WARLEN, NEESA K.
STREET ADDRESS 1200 S. PINE ISLAND RD, STE 600
CITY-ST-ZIP PLANTATION FL

□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V XX Change □ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE D/P XX Change □ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE D/V XX Change □ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE □ Change □ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE S □ Change XX Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Peck, David C.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.5 TITLE □ Change □ Addition

6.6 NAME

6.7 STREET ADDRESS

6.8 CITY-ST-ZIP

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)(k), 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:

Mary Ann Blanford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Ann Blanford

3/16/96

(954)475-1300

Daytime Phone

CR2E034 (12/95)