

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

FILED

Feb 18 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K64891

(0)

1. Corporation Name

BGS HEALTHCARE, INC.

Principal Place of Business

15280 NW 79TH CT
SUITE 109
MIAMI LAKES FL 33016
US

Mailing Address

1200 S PINE ISLAND RD
STE 600
PLANTATION FL 33324-4480
US3. Date Incorporated or Qualified
02/10/19893a. Date of Last Report
04/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0109629

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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
SUITE 250
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	AROSTEGUI, MARTIN	
STREET ADDRESS	1200 S PINE ISLAND RD, STE 600	
CITY - ST - ZIP	PLANTATION FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	FINDEISS, J. CLIFFORD	
STREET ADDRESS	1200 S. PINE ISLAND RD, STE 600	
CITY - ST - ZIP	PLANTATION FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MCCLEARY, GEORGE W. J	
STREET ADDRESS	1200 S. PINE ISLAND RD, STE 600	
CITY - ST - ZIP	PLANTATION FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BLANFORD, MARY ANN	
STREET ADDRESS	1200 S. PINE ISLAND RD, STE 600	
CITY - ST - ZIP	PLANTATION FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DAVID C PECK	
STREET ADDRESS	1200 S PINE ISLAND ROAD., SUITE 600	
CITY - ST - ZIP	PLANTATION FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	WARLEN, NEESA K.	
STREET ADDRESS	1200 S. PINE ISLAND RD, STE 600	
CITY - ST - ZIP	PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Prado, Marta	
1.3 STREET ADDRESS	1200 S. Pine Island Rd., Ste 600	
1.4 CITY - ST - ZIP	Plantation, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Pobgee, Tom	
6.3 STREET ADDRESS	1200 S. Pine Island Rd., Ste 600	
6.4 CITY - ST - ZIP	Plantation, FL	

14. I do hereby certify that the information supplied with this filing 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:

Mary Ann Blanford

Mary Ann Blanford

2/3/97

(954) 475-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0294042

CR2E034 (9/96)