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

May 18 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **1998** (0)DOCUMENT # K64891 **BGS HEALTHCARE. INC.** Principal Place of Business Mailing Address 15200 NW 79TH CT 15280 NW 79TH CT SUITE 109 **SUITE 109** DO NOT WRITE IN THIS SPACE MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 3. Date Incorporated or Qualified 02/10/1989 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 65-0109629 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zio Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CORPORATION SERVICE COMPANY Name 1201 HAYS STREET **B2** Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 84 City Zip Code 85 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, typod or printed name of registered agent and tole if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE H. Lynn Massingule * FINDEISS, J. CLIFFORD-NAME 1.2 NAME CRZE034 1900 Winston Road, Ste 300 1208 S. PINE ISLAND RD. STE 608 1.3 STREET ADDRESS STREET ADDRESS Knowille, TN 37919 -PLANTATION FL 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE TITLE 21 TITLE *MCCLEARY, GEORGE W. J-Thrasher, Tracy P. 3000 Galleria Tower, Ste. 1000 NAME 2.2 NAME -1200 G. PINE ISLAND RD, STE 600-STREET ADDRESS 2.3 STREET ADDRESS --PLANTATION FL.... Birmingham, AL 35244 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE Knight, Harold - BLANFORD, MARY ANN -NAME 3.2 NAME 3000 Galleria Tower, Ste 1000 -1200 G. PINE ISLAND RD, STE 600-STREET ADDRESS 3.3 STREET ADDRESS PLANTATION FL CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 41 TITLE -DAVID C PECK-David Jones NAME 4. 2 NAME 1900 Winston Road, Ste 300 -1200 S PINE ISLAND ROAD., SUITE 600 STREET ADDRESS 4.3 STREET ADDRESS PLANTATION FL noxyille, TN CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE POBGEE, TOM NAME 52 NAME 1200 SO PINE ISLAND ROAD STE 600 STREET ADDRESS 5.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETÉ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

4/30/98

954-475-1300

Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FILED