

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

PROFIT  
CORPORATION  
ANNUAL REPORT

1998 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

90 JUN 26 PM 2:10

STATE OF FLORIDA

DOCUMENT # K64891

1. Corporation Name

BGS Healthcare, Inc

Principal Place of Business

Mailing Address

1200 S. Pine Island Rd.  
Suite 600  
Plantation, FL 33324

3000 Galleria Tower  
Suite 1000  
Birmingham, AL 35226

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2/10/89

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

65-0109629

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Corporation Service Company

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

1201 Hayes Street

83

84 City

Tallahassee

FL

85 Zip Code

32301

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 Treasurer  
NAME David Jones  
STREET ADDRESS  
CITY-ST-ZIP

☒ DELETE

1.1 TITLE P.D.  
1.2 NAME James H. Dickerson, Jr.  
1.3 STREET ADDRESS 3000 Galleria Tower, Suite 1000  
1.4 CITY-ST-ZIP Birmingham, AL 35224

☐ Change ☒ Addition

TITLE D  
NAME Harold O. Knight, Jr.  
STREET ADDRESS  
CITY-ST-ZIP

☒ DELETE

2.1 TITLE VP, D  
2.2 NAME Sara J. Finley  
2.3 STREET ADDRESS 3000 Galleria Tower, Suite 1000  
2.4 CITY-ST-ZIP Birmingham, AL 35244

☐ Change ☒ Addition

TITLE VP, D  
NAME Tom Pobgee  
STREET ADDRESS  
CITY-ST-ZIP

☒ DELETE

3.1 TITLE T, D  
3.2 NAME Leisa S. Kizer  
3.3 STREET ADDRESS 3000 Galleria Tower, Suite 1000  
3.4 CITY-ST-ZIP Birmingham, AL 35244

☐ Change ☐ Addition

TITLE VP, D  
NAME Tracy Thrasher  
STREET ADDRESS  
CITY-ST-ZIP

☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 100002914191--7

☐ Change ☐ Addition

TITLE P  
NAME Lynn Massingale  
STREET ADDRESS  
CITY-ST-ZIP

☒ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

Sara J. Finley

Sara J. Finley, VP and Secretary 205/972-8094

6-23-99

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 285864 4390339

AUTHORIZATION :

COST LIMIT : \$550.00

*Patricia Pizzuto*

ORDER DATE : June 24, 1999

ORDER TIME : 9:56 AM

ORDER NO. : 285864-005

CUSTOMER NO: 4390339

CUSTOMER: Ms. Tina Nelson  
Medpartners, Inc.  
3000 Galleria Tower  
Suite 1000  
Birmingham, AL 35244

ANNUAL REPORT FILING

RECEIVED

99 JUN 24 AM 10:43

OFFICE OF THE  
COMMISSIONER OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NAME: BGS HEALTHCARE, INC.

☒ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake

EXAMINER'S INITIALS: \_\_\_\_\_