

2001 UNIFORM BUSINESS REPORT (UBR)

142

C-304

DOCUMENT # K64891

1. Entity Name

BGS HEALTHCARE, INC.

FILED

01 JAN 16 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1200 S. PINE ISLAND RD.
SUITE 600
PLANTATION FL 33324
US

Mailing Address

3000 GALLERIA TOWER
SUITE 1000
BIRMINGHAM AL 35226

2. Principal Place of Business

3000 Galleria Tower

3. Mailing Address

Suite, Apt. #, etc.

City & State

Birmingham, AL

City & State

Zip

35244

Country

US

Country

4. FEI Number

65-0109629

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME DICKERSON, JAMES H JR.
STREET ADDRESS 3000 GALLERIA TOWER, STE. 1000
CITY-ST-ZIP BIRMINGHAM AL 35244 ☐ Delete

TITLE VSD
NAME FINLEY, SARA J
STREET ADDRESS 3000 GALLERIA TOWER, STE. 1000
CITY-ST-ZIP BIRMINGHAM AL 35244 ☐ Delete

TITLE TD
NAME KIZER, LEISA S
STREET ADDRESS 3000 GALLERIA TOWER, STE. 1000
CITY-ST-ZIP BIRMINGHAM AL 35244 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01

Date

(205)733-8996

Daytime Phone #

CR2E034 (10/00)

292



ACCOUNT NO. : 072100000032

REFERENCE : 965856 4390339

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pignatelli

ORDER DATE : January 16, 2001

ORDER TIME : 12:18 PM

ORDER NO. : 965856-005

CUSTOMER NO: 4390339

CUSTOMER: Ms. Susan Lester
Caremark Rx, Inc.
3000 Galleria Tower
Suite 1000
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: BGS HEALTHCARE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS: _____

RECEIVED
01 JAN 16 PM 1:42
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA