

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # BGS Healthcare, Inc.

1. Entity Name

K64891

**FILED**

02 APR -9 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3000 Galleria Tower

3. Mailing Address  
3000 Galleria Tower

Suite, Apt. #, etc.  
Suite 1000

Suite, Apt. #, etc.  
Suite 1000

DO NOT WRITE IN THIS SPACE

City & State  
Birmingham, AL

City & State  
Birmingham, AL

4. FEI Number  
65-0109629

Applied For  
Not Applicable

Zip  
35244

Country  
US

Zip  
35244

Country  
US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

City  
Tallahassee, FL

**FL**

Zip Code  
32301

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PD  
James H. Dickerson, Jr.  
2211 Sanders Road  
Northbrook, IL 60062

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VSD  
Sara J. Finley  
3000 Galleria Tower, Suite 1000  
Birmingham, AL 35244

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
T  
Connie M. Isley  
2211 Sanders Road  
Northbrook, IL 60062

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Sara J. Finley

4/2/02

(205) 733-8996

Date

Daytime Phone #

CR2E034B (12/01)



2al2

ACCOUNT NO. : 072100000032

REFERENCE : 518691 4390339

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 150.00

ORDER DATE : April 9, 2002

ORDER TIME : 10:42 AM

ORDER NO. : 518691-005

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:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - Ext. 1133

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

RECEIVED  
02 APR -9 AM 11:33  
DIVISION OF CORPORATION