

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0644891 AT

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FILED

03 JAN 31 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA




☐ CHECK HERE IF MAKING CHANGES

03

**DOCUMENT # K64891**

**1. Entity Name**  
BGS HEALTHCARE, INC.



**Principal Place of Business**  
3000 GALLERIA TOWER, STE 1000  
BIRMINGHAM AL 35244  
US

**Mailing Address**  
3000 GALLERIA TOWER, STE 1000  
BIRMINGHAM AL 35244  
US

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICKERSON, JAMES H JR. 2211 SANDERS RD. NORTHBROOK IL 60062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bradley S. Karry 3000 Galleria Tower, Ste. 1000 Birmingham, AL 35244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FINLEY, SARA J 3000 GALLERIA TOWER, STE. 1000 BIRMINGHAM AL 35244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ISLEY, CONNIE M 2211 SANDERS ROAD NORTHBROOK IL 60062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700011597747 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** SIGNATURE REQUIRED Sara J. Finley 1-28-03 (205) 733-8996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

2012

ACCOUNT NO. : 072100000032

REFERENCE : 915369 4390339

AUTHORIZATION :

*Patricia Pzyto*

COST LIMIT : \$ 150.00

ORDER DATE : January 31, 2003

ORDER TIME : 2:07 PM

ORDER NO. : 915369-025

CUSTOMER NO: 4390339

CUSTOMER: Ms. Susan Lester  
Caremark Rx, Inc.  
Suite 1000  
3000 Galleria Tower  
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: Ginger Simmons-EXT#1139

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

RECEIVED  
03 JAN 31 PM 2:30  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA