2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N01000006381

Entity Name: BHPS - PTO, INC.

Current Principal Place of Business:

2205 THOMASVILLE RD
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

2205 THOMASVILLE RD
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 31-1806580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOVE, JOYCE S
203 N GADSDEN ST, #3
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SOMASUNDARAM, THAY
Address: 2321 ADDISON LANE
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: VP ( ) Delete
Name: STYS, BETH
Address: 6734 PASADENA DRIVE
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: T ( ) Delete
Name: THIGPEN, CHRISTINE
Address: 211 RIDGEWOOD DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: S ( ) Delete
Name: SINGLETERRY, TONI
Address: 405 COLLINSFORD ROAD
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D ( ) Delete
Name: FAUST, ANDY T
Address: 2240 ARMISTEAD RD
City-St-Zip: TALLAHASSEE, FL 32308 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDY D 04/30/2009
Electronic Signature of Signing Officer or Director — Date