

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006381

FILED  
Apr 27, 2010  
Secretary of State

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  
Name: HILL, TRACI  
Address: 2574 PANTHER CREEK RD.  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VP  
Name: ROSENDAHL, CARLY  
Address: 3918 ROYAL OAKS DR.  
City-St-Zip: TALLAHASSEE, FL 32309 US

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

Title: S  
Name: GREEN, KELLY  
Address: 929 PARKVIEW DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311D US

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

I hereby 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 all other like empowered.

SIGNATURE: ANDY T. FAUST

D

04/27/2010

Electronic Signature of Signing Officer or Director

Date