

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006381

FILED
Feb 01, 2011
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:

FAUST, ANDY T
2205 THOMASVILLE ROAD
TALLAHASSEE, FL 32308 US

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: ANDY T. FAUST

02/01/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: FIGO, LAURA
Address: 9426 WINDAM WAY
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: VP
Name: DURTSCHI, ANGELA
Address: 2517 HASTINGS DRIVE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: T
Name: BARKSDALE, AMANDA
Address: 61 BRIDLE GATE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: S
Name: GOGGIN, KELLY
Address: 1815 NORTH MERIDIAN ROAD
City-St-Zip: TALLAHASSEE, FL 32303 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

02/01/2011

Electronic Signature of Signing Officer or Director

Date