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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002313 (3)**

1. Corporation Name

BSH HEALTH SERVICES, INC.

Principal Place of Business

**5151 NORTH NINTH AVENUE
PENSACOLA FL 32504**

Mailing Address

**5151 NORTH NINTH AVENUE
PENSACOLA FL 32504-8721**

3. Date Incorporated or Qualified **05/12/1995** 3a. Date of Last Report **03/04/1996**

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**HUSTON, GARY W
3 WEST GARDEN STREET
SUITE 600
PENSACOLA FL 32501**

4. FEI Number

59-3316765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PD**

NAME **ZEILER, RICHARD**

STREET ADDRESS **5151 NORTH NINTH AVENUE**

CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **VD** ☐ DELETE

NAME **SLYKE, ROBERT V**

STREET ADDRESS **1717 NORTH E STREET**

CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **STD** ☐ DELETE

NAME **REMKE, ADRIAN**

STREET ADDRESS **1717 NORTH E STREET**

CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ DELETE

NAME **BAILEY, NORA**

STREET ADDRESS **5151 NORTH NINTH AVENUE**

CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **D** ☐ DELETE

NAME **MYERS, MIKE**

STREET ADDRESS **5151 NORTH NINTH AVENUE**

CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **D** ☐ DELETE

NAME **RANELLI, EDWARD G**

STREET ADDRESS **1717 NORTH E STREET**

CITY-ST-ZIP **PENSACOLA FL 32501**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael Remke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0072683**

CR2E037 (9/96)