FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N95000002313 (3) DOCUMENT

FILED Apr 27 1998 8:00am Secretary of State

BSH HEALTH SERVICES, INC.																1888 ((1) (888	
┝	rincipal Place	e of Busines	35		M	alling Address					- FULLHARI BI		II er ii erii				
5151 NORTH NINTH AVENUE PENSACOLA FL 32504					5151 NORTH NINTH AVENUE PENSACOLA FL 32504					3. Date incorpo 05/12/		1					
											4. FEI Number 59-331	670E				plied For	
2. Principal Place of Business						2a. Malling Address										t Applicable	
21					26					5. Certificate of	Status Desired			-	Additional quired		
Suite, Apt. #, etc.					Suite, Apt. #, etc.						6. Election Cam Trust Fund Co			\$5		/lay Be	
23	City & State					City & State					7. Is this nonprofit corporation a homeowners association?						
	Zip Country				Zip Country						8. This corporat	ion owes or has			anr Inte	angihie	
24					29 30						8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No						
9. Name and Address of Current Registered Agent											10. Name and A	ddress of New I	Registered	Agent			
								81	Nam	e							
HUSTON, GARY W 3 WEST GARDEN STREET							ľ	82	Stree	Street Address (P.O. Box Number is Not Acceptable)				•			
SUITE 600							}	83									
PENSACOLA FL 32501							84	City					11				
								- 1	City				FL	_ 65	Zip (
11	 Pursuant t office or re agent. I ar 	o the provis egistered ag n familiar wi	ions of Section ent, or both, in ith, and accept	ns 617,0502 a n the State of I it the obligatio	nd 61 Florid ns of,	7.1508, Florida Statut la. Such change was Section 617.0503, Fl	es, the ab authorized orida State	ove by Jes	the co	ed corpor prporation	ration submits this n's board of direct	statement for the ors. I hereby acc	purpose of ept the app	of chang pointme	ging its ent as	registered registered	
	GNATURE _																
12		Signature, typed	or printed name of				E: Registered	Ager	nt signat	ure required	when reinstating)		DATE				
In		Pn	PD OFFICERS AND			DIRECTORS DELETE					ADDITIONS/CF	IANGES TO OFF	ICERS AN	D DIRE		S IN 12	
NA.		ZEILER, RICHARD			L. OLLEIL			1.1 TITLE 1.2 NAME							RING	L.J. Addition	
STI	REET ADDRESS	5151 NORTH NINTH AVENUE						1.3 STREET ADDRESS		, l							
CITY-ST-ZIP PENSAC			COLA FL 325	04			1.4 CIT										
TIT	LE	VD		,		☐ DELETE	2.1 TIT	LE						Cr	ange	Addition	
NA					22			2.2 NAME									
ST	STREET ADDRESS 1717 NORTH E							2.3 STREET ADDRESS									
_	Y-S1-Z#P		OLA FL 325	01		- December	2. 4 CI	_	T - ZIP								
TIT		STD	ADDIAN			☐ DELETE	3.1 TIT			ı				Ch	ange	Addition Addition	
NA CTI	ME REET ADORESS		adrian Orth e str	CET			3.2 NAI		Annese	.							
	Y-ST-ZIP		OLA FL 325						ADDRESS	·							
TiT		D	OBT TE GET	<u> </u>		DELETE	3.4. CIT		1-211	+				☐ Ch	anne	☐ Addition	
NA		BAILEY,	NORA				4.2 NA										
STE	EET ADDRESS	5151 NO	HTMIN HTTK	AVENUE			4.3 STR	EET A	ADDRESS	;							
ÇIT	Y-S1-Z#P	PENSAC	XOLA FL 325	04			4.4 CIT	Y-ST	- ZIP	1							
TIT	LE	D				DELETE	5.1 TITE	.E						Ch	ange	Addition	
NA		MYERS,		41 200 0 00			5.2 NA	AE.									
	EET ADDRESS	5151 NORTH NINTH AVENUE PENSACOLA FL 32504						5.3 STREET ADDRESS		• [
	Y-ST-ZIP		JULA PL 320	04		DELETE.	5.4 CIT		-ZIP		- ·· · · ·					F 1	
TITE		DANIELLI	I. EDWARD (2		☐ DELETE	6.1 TITL							☐ Ch	ange	Addition	
NAI	EET ADORESS), EUWAND I ORTH E. STF				6.2 NAS		DOP								
-	Y-ST-ZIP		OLA FL 325						UDDRESS	'							
	I hereby ce	artify that the	a information s	upplied with t	his fil	ing does not qualify fo	6.4 CIT or the exer	nnti	on ele	ted in Se	ection 119.07(3)(i).	Florida Statutes	Lifurther ce	erlify the	at the i	nformation	
	officer or d	in this annu- lirector of th	ai report or su e corporation	ppiemental an or the receive	inuai Fortr	report is true and accustee empowered to dritte an address.	urate end	Inat	t mw e	ianatura	chall have the com	a lacal alfact ac	if made up	der sei	h that	l am an	