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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000068047 (6)

1. Corporation Name

BUSINESS HEALTHCARE COALITION, INC.

Principal Place of Business

8100 NORTH UNIVERSITY DRIVE STE 300
FORT LAUDERDALE FL 33321-1717

Mailing Address

8100 NORTH UNIVERSITY DRIVE STE 300
FORT LAUDERDALE FL 33321-1717

3. Date Incorporated or Qualified
08/31/1995

3a. Date of Last Report
02/02/1996

4. FEI Number
65-0611851

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

2. Principal Place of Business

21 1075 HILLSBORD MILE

Suite, Apt. #, etc.

22 City & State
HILLSBORD BEACH, FL

23 Zip
33062

24 Country
BROWARD

2a. Mailing Address

26 1075 HILLSBORD MILE

Suite, Apt. #, etc.

27 City & State
HILLSBORD BEACH, FL

28 Zip
33062

29 Country
BROWARD

9. Name and Address of Current Registered Agent

DONOHU, TIM M
8100 NORTH UNIVERSITY DRIVE STE 300
FORT LAUDERDALE FL 33321-1717

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

1.1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
DONOHU, TIM
9804 NW 43RD COURT
CORAL SPRINGS FL

1.2 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

1.3 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

1.4 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

1.5 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

1.6 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☒ Change ☐ Addition
1075 HILLSBORD MILE
HILLSBORD BEACH FL 33062

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/97 954-724-4188

0290264

CR2E034 (9/96)