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Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000068047 (6)**

1. Corporation Name

BUSINESS HEALTHCARE COALITION, INC.

Principal Place of Business

**1075 HILLSBORO MILE
HILLSBORO BEACH FL 33062
US**

Mailing Address

**SAME
FORT LAUDERDALE FL 33321-1717
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 301 CRAWFORD BLVD

Suite, Apt. #, etc. **206**

22

City & State

23 BOCA RATON FL

Zip

24 33432

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

TIM M DONOHU

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

1075 HILLSBORO MILE

83

84 City

HILLSBORO BEACH

FL

85 Zip Code

33062

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

TIM M DONOHU

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

(NOTE: Registered agent signature required when reinstating)

DATE

3-25-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CHAIRMAN**

STREET ADDRESS **DONOHU, TIM**

CITY-ST-ZIP **1075 HILLSBORO MILE**

HILLSBORO BEACH FL

TITLE ☐ DELETE

NAME **PRESIDENT**

STREET ADDRESS **ALAN A BENJAMIN**

CITY-ST-ZIP **17331 SPRING TREE LANE**

BOCA RATON FLORIDA 33487

TITLE ☐ DELETE

NAME **VICE PRESIDENT**

STREET ADDRESS **ROBERT S WEINROTH**

CITY-ST-ZIP **21788 MARIGOT DR.**

BOCA RATON FL 33428

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 its recorder 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0547402

3/9/98 (561) 417 9496

CR2E034 (10/97)