

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000058075

Entity Name: B C HEALTHCARE, INC.

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

551 REDSTONE AVE W
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

551 REDSTONE AVE W
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 59-3521717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LAWTON B
8172 GREEN ST
LAUREL HILL, FL 32567 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ATEES, CATHERINE A
Address: 333 JOHN ROAD
City-St-Zip: HOLT, FL 32564

Title: D () Delete
Name: SMITH, LAWTON B
Address: 8172 GREEN STREET
City-St-Zip: LAUREL HILL, FL 32567

Title: D () Delete
Name: PARKER, BILL
Address: 115 COURTHOUSE TERRACE
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: THIGPEN, R. LEE
Address: 1005 CAPRI COURT
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: TEEL, BILLY D
Address: 322 POWELL DRIVE
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWTON B SMITH

D

01/03/2007

Electronic Signature of Signing Officer or Director

Date