

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000058075

Entity Name: B C HEALTHCARE, INC.

FILED
Feb 18, 2010
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
Name: THIGPEN, CATHERINE
Address: 1005 CAPRI COURT
City-St-Zip: CRESTVIEW, FL 32539

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

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

I hereby 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 all other like empowered.

SIGNATURE: LAWTON B. SMITH

PRES

02/18/2010

Electronic Signature of Signing Officer or Director

Date