

F1600000874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

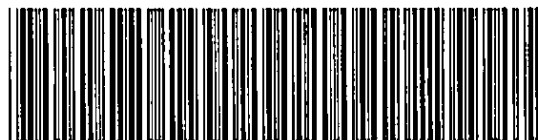
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FEB 06 2018

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18 FEB -5 PM 1:00  
CLERK OF COURT  
CLERK OF COURT

Change  
Alternate Name

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Pulmonary Care Services, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F16000000874

The enclosed *Resolution of the Board of Directors to Change the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chelsea Cash

(Name of Contact Person)

Pulmonary Care Services, Inc.

(Firm/Company)

730 Leighton Ave

(Address)

Anniston, AL 36207

(City/State and Zip Code)

For further information concerning this matter, please call:

Chelsea Cash

(Name of Contact Person)

at ( 205 ) 965-2809

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &  
Certificate of Status



\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)



\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO CHANGE  
THE ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Donald Larry Cash, do hereby certify  
(Name)

that this Resolution of the Board of Directors of \_\_\_\_\_

Pulmonary Care Services, Inc.

(Name of Corporation)

a corporation duly organized and existing under the laws of Alabama

(State or Country)

was adopted on January 31, 2018, changing the alternate

name in Florida from Ala Med, Inc. to \_\_\_\_\_

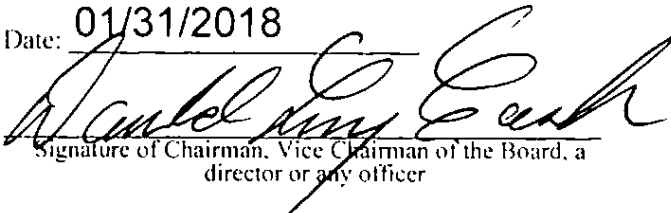
(Current Alternate Name)

Florida Pulmonary Care, Inc.

(Alternate Name) NOTE: Must contain a corporate suffix

and its real name is unavailable in Florida.

Date: 01/31/2018

  
Signature of Chairman, Vice Chairman of the Board, a  
director or any officer

President

Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and mail to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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18 FEB -5 PM 1:37