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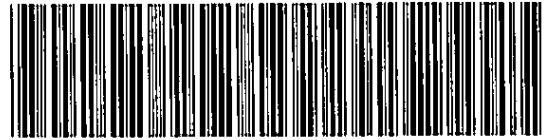
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T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PULMONARY CARE SERVICES, INC

(Name of Corporation)

DOCUMENT NUMBER: F1600000874

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 at (205) 965-2809

(Name of Contact Person) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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 CHELSEA 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 OCTOBER 20, 2021, changing the alternate

name in Florida from FLORIDA PULMONARY CARE, INC
(Current Alternate Name)

PULMONARY CARE SERVICES OF FLORIDA, INC
(Alternate Name) NOTE: Must contain a corporate suffix

and its real name is unavailable in Florida.

Date: 10/20/2021

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

VICE PRESIDENT

Title of person signing

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DIVISION OF CORPORATIONS
FLORIDA

FILING FEE \$35

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

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