

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K90046

1. Entity Name

PALM HEALTH SERVICES, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90021 045 ***158.75

Principal Place of Business

P.O. BOX 1974
PALM CITY FL 34991
US

Mailing Address

P O BOX 1974
PALM CITY FL 34991
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0127311

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HATCH, JAMES F III
2135 S.W. DANFORTH CIR
PALM CITY FL 34990

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
HATCH, JAMES E. III
2135 SW DAN FOURTH CIR
PALM CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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HATCH, JAMES E. III
2135 SW DANFORTH CIR
PALM CITY FL ☐ Delete

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☐ Change ☐ Addition

13. 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 report or supplemental 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Hatch III

Date

7/6/2000

Daytime Phone #

361-700-5800

Attachment
DH K90046
DWB 9814

July 6, 2000

Florida Department of State
Divisions of Corporations

Re: Palm Health Services, Inc.
Document# K90046
P.O. Box 1974
Palm City Florida 34991

Dear Sir,

I am writing in regards to the above referenced business a check was mailed out on April 1, 2000 with the 2000 uniform business report. I called several times but their has been no sign of my report or check I spoke with Stacy Prather in reinstatement today and she advised me to send in the second request with my check and their would be no late fee.

Please feel free to contact me should you require additional information. Thank you in advance for you cooperation.

Sincerely,



Gloria DelSontro
Office Manager