

FILED
Jul 04, 2002 8:00 am
Secretary of State

07-04-2002 90562 037 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K90046

1. Entity Name

PALM HEALTH SERVICES, INC.

Principal Place of Business

P.O. BOX 1974
PALM CITY FL 34981
US

Mailing Address

P O BOX 1974
PALM CITY FL 34981
US

80127010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0127311

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> Delete
NAME	HATCH, JAMES E. III	
STREET ADDRESS	2135 SW DAN FORTH CIR	
CITY- ST- ZIP	PALM CITY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HATCH, JAMES E. III	
STREET ADDRESS	2135 SW DANFORTH CIR	
CITY- ST- ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 file empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 17, 2002

PALM HEALTH SERVICES, INC.
P O BOX 1974
PALM CITY, FL 34991 US

Subject: PALM HEALTH SERVICES, INC.

Reference Number: **K90046**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please note the money amounts differ on the check. The numeric and written amounts must be the same. Please send a corrected check for the proper amount.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE
CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX
1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE
DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

./SM-

ANNUAL REPORTS SECTION