

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000010214

1. Entity Name
HOPE HEALTHCARE OF AMERICA, INC.



Principal Place of Business
659 VICTORY GARDEN DRIVE
TALLAHASSEE, FL 32301

Mailing Address
659 VICTORY GARDEN DRIVE
TALLAHASSEE, FL 32301-3211 US

FILED
05 APR 11 AM 11:32

TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052005 Chg-P CR2E034 (10/03)

4. FEI Number **16-1650686**
APPLIED FOR

Applied For
Not Applicable

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

O'GRADY, CARRELL H
659 VICTORY GARDEN DRIVE
TALLAHASSEE, FL 32301-3211

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VSD
NAME O'GRADY, CARRELL H
STREET ADDRESS 659 VICTORY GARDEN DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000053929560
05/06/05--01002--022 **150.00

TITLE PTD
NAME JORDAN, LYNN E
STREET ADDRESS 659 VICTORY GARDEN DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32301 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lynn E. Jordan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 11, 2005 877-2783
Date Daytime Phone #

HOPE HEALTHCARE OF AMERICA, INC.

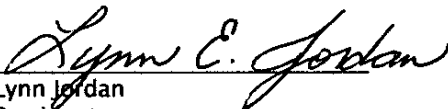
659 Victory Garden Drive
Tallahassee, FL 32301-3211
Office: 850-877-2783
Fax: 850-877-2783

Email:
hopehealthcareofamericainc@comcast.net

April 6, 2005

To Whom It may Concern:

This is to certify that Hope Healthcare of America, Inc. is still in business.


Lynn Jordan
President