

2006 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006

Chg-P

CR2E034 (11/05)

4. FEI Number
16-1650686

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 ☐ Delete
NAME O'GRADY, CARRELL H
STREET ADDRESS 659 VICTORY GARDEN DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32301

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 18, 2006

Date

850-877-2783

Daytime Phone #

FILED

06 APR 18 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Eckel APR 18 2006