

2008 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
08 APR -9 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04092008 No Chg-P CR2E034 (11/05)

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4. FEI Number 16-1650686	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD O'GRADY, CARRELL H 659 VICTORY GARDEN DRIVE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD JORDAN, LYNN E 659 VICTORY GARDEN DRIVE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO DAVIS, EARLENE G 4626 GA HIGHWAY 111 S CAIRO, GA 39828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FOP CARLISLE, LENORA W 4124 PT MILLIGAN DRIVE QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/09/08--01034--002 ***150.00

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IN THIS SPACE**

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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* **4/9/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #