

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000033695

1. Entity Name

PULMONARY CARE OF CORDELE, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90116 001 ***150.00

Principal Place of Business

Mailing Address

14131 WAVERLY FALLS LANE W
JACKSONVILLE FL 32224-5858

14131 WAVERLY FALLS LANE W
JACKSONVILLE FL 32224-5858
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3238245

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, ALBERT T
14131 WAVERLY FALLS LANE W
JACKSONVILLE FL 32224

Name

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

City

FL

Zip Code

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DP HATCH, ALBERT T 14131 WAVERLY FALLS LANE W JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32224
VPD HATCH, LETSEY L 14131 WAVERLY FALLS LANE W JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32224
TS ST JOHN, TAMMY JANE 2841 CANYON FALLS DR JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32224
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 stated 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 applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00 (904) 223-1602

CR2E034 (9/99)