

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90032 001 ***150.00

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1. Entity Name

PULMONARY CARE OF CORDELE, INC.



Principal Place of Business

14131 WAVERLY FALLS LANE W
JACKSONVILLE, FL 32224-5858 US

Mailing Address

14131 WAVERLY FALLS LANE W
JACKSONVILLE, FL 32224-5858 US

94047600



04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3238245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HATCH, ALBERT T
14131 WAVERLY FALLS LANE W
JACKSONVILLE, FL 32224

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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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME HATCH, ALBERT T
STREET ADDRESS 14131 WAVERLY FALLS LANE W
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE VPD
NAME HATCH, LETSEY L
STREET ADDRESS 14131 WAVERLY FALLS LANE W
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE TS
NAME ST JOHN, TAMMY JANE
STREET ADDRESS 2841 CANYON FALLS DR
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Albert T. Hatch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-7-04

Daytime Phone #

(904) 223-1602