

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000033695

FILED
Jul 26, 2005
Secretary of State

Entity Name: PULMONARY CARE OF CORDELE, INC.

Current Principal Place of Business:

14131 WAVERLY FALLS LANE W
JACKSONVILLE, FL 322245858 US

New Principal Place of Business:

Current Mailing Address:

14131 WAVERLY FALLS LANE W
JACKSONVILLE, FL 322245858 US

New Mailing Address:

2955 HARTLEY ROAD
SUITE 204
JACKSONVILLE, FL 32257 US

FEI Number: 59-3238245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HATCH, ALBERT T
Address: 14131 WAVERLY FALLS LANE W
City-St-Zip: JACKSONVILLE, FL 32224

Title: VPD () Delete
Name: HATCH, LETSEY L
Address: 14131 WAVERLY FALLS LANE W
City-St-Zip: JACKSONVILLE, FL 32224

Title: TS () Delete
Name: ST JOHN, TAMMY JANE
Address: 2841 CANYON FALLS DR
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT T. HATCH

PRES

07/26/2005

Electronic Signature of Signing Officer or Director

Date