


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000033695</b>	
<b>1. Entity Name</b> PULMONARY CARE OF CORDELE, INC.	

<b>Principal Place of Business</b> 14131 WAVERLY FALLS LANE W JACKSONVILLE, FL 32224-5858 US	<b>Mailing Address</b> 2955 HARTLEY ROAD SUITE 204 JACKSONVILLE, FL 32257 US
--	---

**DO NOT WRITE IN THIS SPACE**



02282006 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 59-3238245	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DP HATCH, ALBERT T 14131 WAVERLY FALLS LANE W JACKSONVILLE, FL 32224
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VPD HATCH, LETSEY L 14131 WAVERLY FALLS LANE W JACKSONVILLE, FL 32224
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	TS ST JOHN, TAMMY JANE 2841 CANYON FALLS DR JACKSONVILLE, FL 32224
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

000000463764  
03/21/06-80090-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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:** *Albert T. Hatch* **ALBERT T. HATCH** **3-11-06** **(904) 223-1602**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #