

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000033695

1. Entity Name
PULMONARY CARE OF CORDELE, INC.



Principal Place of Business
**14131 WAVERLY FALLS LANE W
JACKSONVILLE, FL 32224-5858 US**

Mailing Address
**165 WELLS ROAD
SUITE 304
ORANGE PARK, FL 32073 US**



01072008 No Chg-P CR2E034 (11/05)

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**

**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

**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	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	

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02/05/08-80018-006 150.00

**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 *P. T. Hatch* **ALBERT T. HATCH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-08 (904)223-1602