

FOR PROFIT CORPORATION **FORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2002 8:00 am
Secretary of State

DOCUMENT # **P95000039087**

1. Entity Name

SOUTHERN HOSPICE CARE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3536 VANN ROAD

Suite, Apt. #, etc.

3. Mailing Address

3536 VANN ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BIRMINGHAM AL

City & State

BIRMINGHAM AL

4. FEI Number

59-3323600

Applied For

Not Applicable

Zip

35235

Country

USA

Zip

35235

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Michael J. Pardy

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

324 East Beach Drive

103

City

Panama City

FL

Zip Code

32401

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.

SIGNATURE

Michael Pardy

Signature, typed or printed name of registered agent and title if applicable.

Michael Pardy

(NOTE: Registered Agent signature required when reappointing)

3/6/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP
P/T Michael Pardy
324 East Beach Dr #103 Panama City FL 32401

TITLE NAME STREET ADDRESS CITY - ST - ZIP
3/22/02 01005-014
*****308.75 ***308.75**

TITLE NAME STREET ADDRESS CITY - ST - ZIP
Sec Joan Braun
324 East Beach Dr, #103 Panama City FL 32401

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP
D. Guy Neagland
10215 Statford Pl Melbourne FL 32940

TITLE NAME STREET ADDRESS CITY - ST - ZIP

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TITLE NAME STREET ADDRESS CITY - ST - ZIP

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Pardy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02

Date

205-655-4809

Daytime Phone #

CR2034B (12/01)

March 06, 2002

Florida Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Southern Hospice Care, Inc.

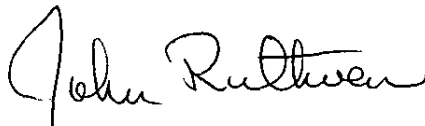
Enclosed please find a check in the amount of \$308.75, this amount should cover all charges & fees to reinstate Southern Hospice Care, Inc. and the \$8.75 for a certificate of status. Please deduct any late fees for our notice was sent to our old address. Our new information is listed below:

Southern Hospice Care, Inc.
3536 Vann Road
Birmingham, AL 35235

205-655-4809 FAX: 205-655-0587

If you have any questions please contact me at the number listed above.

Thank you,

A handwritten signature in cursive script that reads "John Ruthven".

John Ruthven
CFO