## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 849057** 

Entity Name: GALENDECO, INC.

**Current Principal Place of Business:** 

ONE PARK PLAZA NASHVILLE, TN 37203

**Current Mailing Address:** 

P.O. BOX 750

NASHVILLE. TN 37202 US

FEI Number: 61-0989218 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US

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

FILED Apr 20, 2023

**Secretary of State** 

0785830445CC

## Officer/Director Detail:

Title	DP	Title	DVPA

NameHAZEN, SAMUEL NNameFRANCK, JOHN M IIAddressONE PARK PLAZAAddressONE PARK PLAZACity-State-Zip:NASHVILLE TN 37203City-State-Zip:NASHVILLE TN 37203

Title DSVP Title VPS

NameWYATT, CHRISTOPHER FNameCLINE, NATALIE HAddressONE PARK PLAZAAddressONE PARK PLAZACity-State-Zip:NASHVILLE TN 37203City-State-Zip:NASHVILLE TN 37203

Title SVPT Title VP

NameHACKETT, JOHN M.NameGRUBBS, RONALD L JR.AddressONE PARK PLAZAAddressONE PARK PLAZACity-State-Zip:NASHVILLE TN 37203City-State-Zip:NASHVILLE TN 37203

I hereby 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 all other like empowered.

SIGNATURE: NATALIE H. CLINE

Electronic Signature of Signing Officer/Director Detail

04/20/2023

Date