


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L75692**

1. Entity Name  
**ABEL MEDICAL EQUIPMENT AND SUPPLY, INC.**



Principal Place of Business  
**C/O DOMINIC SIANO  
 10800 S US #1  
 PORT S. LUCIE, FL 34952**

Mailing Address  
**2025 MIMOSA AVENUE  
 FT PIERCE, FL 34949 US**

**DO NOT WRITE IN THIS SPACE**



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0219252**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIANO, DOMINIC  
 2025 MIMOSA AVENUE  
 FT PIERCE, FL 34949**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

000000945403  
 05/30/08-80006-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SIANO, DOMINIC
STREET ADDRESS	2025 MIMOSA AVENUE
CITY-ST-ZIP	FT. PIERCE, FL 34949
TITLE	VPS
NAME	JACKSON, KENNETH A.
STREET ADDRESS	2301 OKEECHOBEE ROAD
CITY-ST-ZIP	FT PIERCE, FL 34950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [Signature] **4/30/08** **772-335-4330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #