

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000097405

FILED
Feb 22, 2010
Secretary of State

Entity Name: ABEL NURSING AGENCY, INC.

Current Principal Place of Business:

CONLAN PROFESSIONAL CENTER
1501 ROBERT J. CONLAN BLVD., STE 6
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

CONLAN PROFESSIONAL CENTER
1501 ROBERT J. CONLAN BLVD., STE 6
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 59-3478121 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RANSOME, NORMA B
724 REBAB AVE NE
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STVP
Name: RANSOME, NORMA B
Address: 1501 ROBERT J CONLAN BLVD STE 6
City-St-Zip: PALM BAY, FL 32905

Title: ADDM
Name: SMITH, GRACE
Address: 1501 ROBERT J CONLAN BLVD STE 6
City-St-Zip: PALM BAY, FL 32905

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: NORMA RANSOME

RA

02/22/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date