

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S19728

FILED
Feb 04, 2005
Secretary of State

Entity Name: A B C HEALTH CARE, INC.

Current Principal Place of Business:

1465 WEST U.S. HWY 90
SUITE #110
LAKE CITY, FL 32055 US

New Principal Place of Business:

Current Mailing Address:

780 S.E. BAYA DR.
LAKE CITY, FL 32055 US

New Mailing Address:

FEI Number: 59-2917507 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRIS, JOHN E.
253 N.W. MAIN BLVD.
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

NORRIS, JOHN E.
253 NW MAIN BLVD
LAKE CITY, FL 32055 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

02/04/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: WIGGINS, KENNETH E.,
Address: 312 S MAIN ST
City-St-Zip: HARTFORD, KY

Title: PD () Delete
Name: ALLISON, CARL L.,
Address: 780 SE BAYA DRIVE
City-St-Zip: LAKE CITY, FL 32025

Title: VD () Delete
Name: BIRD, PAUL D.,
Address: 780 SE BAYA DRIVE
City-St-Zip: LAKE CITY, FL 32025

Title: TD () Delete
Name: SNIPES, CHARLES S.,
Address: 780 SE BAYA DRIVE
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CARL L ALLISON

Electronic Signature of Signing Officer or Director

PD

02/04/2005

Date