

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004430

FILED
Feb 14, 2012
Secretary of State

Entity Name: ABLE PALMS HOME & HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

300 LAKE AVENUE NE
SUITE 100
LARGO, FL 33771 US

New Principal Place of Business:

1107 HAZELTINE BOULEVARD
SUITE 200
CHASKA, MN 55318 US

Current Mailing Address:

1107 HAZELTINE BLVD
SUITE 200
CHASKA, MN 55318 US

New Mailing Address:

1107 HAZELTINE BOULEVARD
SUITE 200
CHASKA, MN 55318 US

FEI Number: 41-1753931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PD
Name: GOODMAN, JOHN B
Address: 1107 HAZELTINE BLVD SUITE 200
City-St-Zip: CHASKA, MN 55318 US

Title: V
Name: PETERKA, DAN R
Address: 1107 HAZELTINE BLVD SUITE 200
City-St-Zip: CHASKA, MN 55318 US

Title: T
Name: SEIFERT, MELINDA
Address: 1107 HAZELTINE BLVD SUITE 200
City-St-Zip: CHASKA, MN 55318 US

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: JOHN B. GOODMAN

PD

02/14/2012

Electronic Signature of Signing Officer or Director

Date