SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H15691** **(9)**

1. Corporation Name
ABLE HEALTHCARE, INC.

Principal Place of Business	Mailing Address
4815 E. BUSCH BLVD. SUITE 103 TAMPA FL 33617	4815 E. BUSCH BLVD. SUITE 103 TAMPA FL 33617

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/08/1984
3a. Date of Last Report: 03/31/1994

2. Principal Place of Business
21 16105 N. FLORIDA AVE
Suite, Apt. #, etc.
22 SUITE C
City & State
23 LUTZ, FL
Zip 24 33549 Country 25 HILLSBOROUGH

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2484695 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, *Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBERTS, MARGARET
6501 GRAZING LANE
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name: CANDICE ANN TAYLOR
82 Street Address (P.O. Box Number is Not Acceptable)
83 ~~3513 SPRINGFIELD DRIVE~~
84 City: HOLIDAY FL 85 Zip Code: 34691

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Candice Ann Taylor 4-20-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	SCHWARTZ, HEIDI	1.2 NAME	~~LINDA CARRINGTON~~
STREET ADDRESS	6501 GRAZING LANE	1.3 STREET ADDRESS	~~26208 DAYFLOWER BLVD.~~
CITY-ST-ZIP	ODESSA FL	1.4 CITY-ST-ZIP	~~WESLEY CHAPEL, FL 33544~~
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	SCHWARTZ, THOMAS	2.2 NAME	~~LINDA CARRINGTON~~
STREET ADDRESS	6501 GRAZING LANE	2.3 STREET ADDRESS	~~26208 DAYFLOWER BLVD.~~
CITY-ST-ZIP	ODESSA FL	2.4 CITY-ST-ZIP	~~WESLEY CHAPEL, FL 33544~~
TITLE	D	3.1 TITLE	D ☐ Change ☐ Addition
NAME	ROBERTS, MARGRET	3.2 NAME	CANDICE ANN TAYLOR
STREET ADDRESS	6501 GRAZING LANE	3.3 STREET ADDRESS	3513 SPRINGFIELD DRIVE
CITY-ST-ZIP	ODESSA FL	3.4 CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Candice Ann Taylor 4-20-95 813-848-8283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0100770 CP