

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 AM 9:14

DOCUMENT # J24007 (3)

1. Corporation Name

ABLE HEALTHCARE SERVICES OF COLLIER, INC.

Principal Place of Business

849 7TH AVE SO
STE 101
NAPLES FL 33940
US

Mailing Address

849 7TH AVE SO
STE 101
NAPLES FL 33940
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/15/1986

3a. Date of Last Report

06/23/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2744542

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

24

Zip

Country

29

30

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TUFFY, ROBERT F
6879 SEDGEWICK COURT
FORT MYERS FL 33919**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0605, Florida Statutes.

SIGNATURE

Robert F. Tuffy
Signature, typed or printed name of registered agent and the corporation, if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

5/25/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	TUFFY, ROBERT
STREET ADDRESS	6879 SEDGEWICK CT
CITY - ST - ZIP	FT MYERS FL
TITLE	VD
NAME	TUFFY, ROBERT F.
STREET ADDRESS	6879 SEDGEWICK CT.
CITY - ST - ZIP	FT. MYERS FL
TITLE	SD
NAME	TUFFY, HELEN C.
STREET ADDRESS	6879 SEDGEWICK CT.
CITY - ST - ZIP	FT. MYERS FL
TITLE	TD
NAME	HERZOG, CHARLES A.
STREET ADDRESS	2260 CAPRI COURT
CITY - ST - ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert F. Tuffy
SIGNATURE AND TYPE ON PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

5/25/95

813 996 8778
Daytime Phone #