

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J24007

FILED
Apr 03, 2003
Secretary of State

Entity Name: ABLE HEALTHCARE SERVICES OF COLLIER, INC.

Current Principal Place of Business:

5100 TAMiami TR. N.
142
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

6226 PRESIDENTIAL COURT
SUITE A
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 59-2744542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUFFY, ROBERT F
7733 WOODLAND BEND
FORT MYERS, FL 33912

Name and Address of New Registered Agent:

TUFFY, ROBERT F
12531 WILDCAT COVE CIRCLE
FORT MYERS, FL 33928

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:

04/03/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TUFFY, ROBERT
Address: 7733 WOODLAND BEND
City-St-Zip: FT MYERS, FL 33912

Title: VD () Delete
Name: TUFFY, ROBERT F.,
Address: 7733 WOODLAND BEND
City-St-Zip: FT. MYERS, FL 33912

Title: SD () Delete
Name: TUFFY, HELEN C.,
Address: 7733 WOODLAND BEND
City-St-Zip: FT. MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TUFFY, ROBERT
Address: 12531 WILDCAT COVE CIRCLE
City-St-Zip: FT MYERS, FL 33928

Title: VD (X) Change () Addition
Name: TUFFY, ROBERT F.,
Address: 12531 WILDCAT COVE CIRCLE
City-St-Zip: FT. MYERS, FL 33928

Title: SD (X) Change () Addition
Name: TUFFY, HELEN C.,
Address: 12531 WILDCAT COVE CIRCLE
City-St-Zip: FT. MYERS, FL 33928

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: ROBERT F TUFFY

PRES

04/03/2003

Electronic Signature of Signing Officer or Director

Date