2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# J24024

Entity Name: ABLE HEALTHCARE SERVICES OF LEE, INC.

Current Principal Place of Business:

6226 PRESIDENTIAL CT
SUITE A
FT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

6226 PRESIDENTIAL CT
SUITE A
FT MYERS, FL 33919

New Mailing Address:

FEI Number: 59-2709856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TUFFY, ROBERT F
9791 CASA MAR CIRCLE
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

TUFFY, ROBERT F
12362 ROCK RIDGE LANE
FORT MYERS, FL 33913 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: _____ 04/09/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TUFFY, ROBERT
Address: 9791 CASA MAR CIRCLE
City-St-Zip: FT MYERS, FL 33919

Title: VD ( ) Delete
Name: TUFFY, ROBERT F.,
Address: 9791 CASA MAR CIRCLE
City-St-Zip: FT. MYERS, FL 33919

Title: SD ( ) Delete
Name: TUFFY, HELEN C.,
Address: 9791 CASA MAR CIRCLE
City-St-Zip: FT. MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TUFFY, ROBERT
Address: 12362 ROCK RIDGE LANE
City-St-Zip: FT MYERS, FL 33913

Title: VD (X) Change ( ) Addition
Name: TUFFY, ROBERT F.,
Address: 12362 ROCK RIDGE LANE
City-St-Zip: FT. MYERS, FL 33913

Title: SD (X) Change ( ) Addition
Name: TUFFY, HELEN C.,
Address: 12362 ROCK RIDGE LANE
City-St-Zip: FT. MYERS, FL 33913

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 04/09/2007
Electronic Signature of Signing Officer or Director — Date