

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081514

FILED
Mar 01, 2011
Secretary of State

Entity Name: ABLE NURSES CORPORATION

Current Principal Place of Business:

6095 OXBOW BEND LANE
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

6095 OXBOW BEND LANE
PORT ORANGE, FL 32128

New Mailing Address:

FEI Number: 13-4206748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERSON, STEPHANIE L
6095 OXBOW BEND LANE
PORT ORANGE, FL 32128 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: ROBERSON, WILLIAM M
Address: 6095 OXBOW BEND LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: VSTD
Name: ROBERSON, STEPHANIE L
Address: 6095 OXBOW BEND LANE
City-St-Zip: PORT ORANGE, FL 32128

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: STEPHANIE ROBERSON

VSTD

03/01/2011

Electronic Signature of Signing Officer or Director

Date