

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000040035

FILED  
Jan 20, 2010  
Secretary of State

**Entity Name:** ABL INTEGRATED HEALTH CENTER PSL, P.A.

**Current Principal Place of Business:**

264 NW PEACOCK BLVD. #104  
PORT ST LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

286 S. UNIVERSITY DRIVE  
PLANTATION F, FL 33324 US

**New Mailing Address:**

**FEI Number:** 20-8755449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERARD, JEFFREY T PRES  
286 S. UNIVERSITY DR  
PLANTATION, FL 33324 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** BERARD, JEFFREY T  
**Address:** 286 S. UNIVERSITY DRIVE  
**City-St-Zip:** PLANTATION F, FL 33324 US

**Title:** TRES  
**Name:** BERARD, JEFFREY T  
**Address:** 286 S. UNIVERSITY DRIVE  
**City-St-Zip:** PLANTATION F, FL 33324 US

**Title:** SECT  
**Name:** BERARD, JEFFREY T  
**Address:** 286 S. UNIVERSITY DRIVE  
**City-St-Zip:** PLANTATION F, FL 33324 US

**Title:** DIR  
**Name:** BERARD, JEFFREY T  
**Address:** 286 S. UNIVERSITY DRIVE  
**City-St-Zip:** PLANTATION F, FL 33324 US

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:** MIRELLA ORTIZ

OM

01/20/2010

Electronic Signature of Signing Officer or Director

Date