2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2011
Secretary of State

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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:

549 NW LAKE WHITNEY PLACE
103
PORT ST LUCIE, FL 34986 US

Current Mailing Address:

286 S. UNIVERSITY DRIVE
PLANTATION F, FL 33324 US

New Mailing Address:

286 S. UNIVERSITY DRIVE
PLANTATION, FL 33324 US

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

OFFICERS AND DIRECTORS:

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

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

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

Title: DIR
Name: BERARD, JEFFREY T
Address: 286 S. UNIVERSITY DRIVE
City-St-Zip: PLANTATION, 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: JEFFREY T BERARD PRES 03/21/2011

Electronic Signature of Signing Officer or Director Date