2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097405 1. Entity Name

ABEL NURSING AGENCY, INC.

FILED Apr 14, 2001 8:00 am Secretary of State

04-14-2001 90023 008 ***150.00

Principal Plac	ce of Business	Mailing Address	Mailing Address									
1520 BOTTLEBRUSH DRIVE N.E., STE 2A 1520 BOTTLEBRUS PALM BAY FL 32905 PALM BAY FL 3290			JSH DRIVE N.E., STE 2A 1905					U	70	. PW .X.	-	
					}	1 1 0 0 32 0 1 1 111		18 371 3 4103 48		1889: 1888: 19	OURT OFFIL FROM	
2. Principal F	Place of Business	3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. F	El Number	59-3478	3121			pplied For ot Applicable	
Zip	Country	Zip	Cour	try	5.	Certificate of	Status Desir	ed []		8.75 Adde Require		
	6. Name and Address of Curren	t Registered Agent			7. 1	Name and A	ddress of Ne	w Registe	red Ag	ent		
					Name							
1520	th, norma D Bottlebrush Drive N.E., St M Bay Fl 32905	E 2A	2A		ss (P.O. E	30x Number	is Not Accep	table)				
PAL	M DAT FL 32905			City						Zip Cod		
				City					FL	Zip Cod	.e	
8. The above	e named entity submits this statement	for the purpose of changing it	s register	ed office or regis	stered ag	ent, or both,	in the State of	of Florida.				
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registere	d Agent signature requ	uired when re	instating)	· 	D.F	ATE			
9. This corp	oration is eligible to satisfy its Intangib	te FILE NOW	/!!! FEE	 IS \$150.00	- n							
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2 Make Check Paya	will be \$550.0	\$550.00 Trust Fund Contribution.					00 May Be d to Fees			
11.	OFFICERS ANI	D DIRECTORS	12.		AD	DITIONS/CI	HANGES TO	OFFICERS	AND D	IRECTOR	S IN 11	
TITLE	STVP	☐ Delete	TITLE	I						☐ Change	☐ Addition	
NAME SMITH, NORMA B STREET ADDRESS 1500 POTTI EDDISCH DRIVE N.E. STE 24			NAM	E Et address								
1 1320 BUTTLEBRUSH DRIVE N.E., STE ZA				-ST-ZIP								
TITLE	PALM BAT FL 32905	☐ Delete	TITLE							Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	The fact of the second of the	The second se	≻ STRE	ET ADDRESS -ST-ZIP	·	. المحمول ي		- ·		-, - 	مينيد د م	
TITLE NAME		☐ Delete	TITLE	1						Change	Addition	
STREET ADDRESS CITY-ST-ZIP			•	ET ADDRESS -ST-ZIP							•	
TITLE		☐ Delete	TITLE							Change	Addition	
NAME OFFICE ADDRESS			NAM	I .								
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP								
TITLE		☐ Delete	TITLE						—	 Change	Addition	
NAME		,	NAM						_		_	
STREET ADDRESS				ET ADDRESS							•	
CITY-ST-ZIP		□ Dolate		ST-ZIP							Addition	
NAME		☐ Delete	TITLE NAME	ſ					L] Change	☐ Addition	
STREET ADDRESS				T ADDRESS								
CITY-ST-ZIP				ST-ZIP								
13. I hereby	certify that the information supplied wit	h this filing does not qualify fo	or the exer	nption stated in	Section 1	19.07(3)(i), I	Florida Statut	es. I further	certify	that the in	nformation	

indicated on this report or supplemental report is true and accurate and that my 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SMITH Adm 4/10/01