2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-04-2004 90033 009 ***150.00

DOCUMENT # P97000097405

1. Entity Name

ABEL NURSING AGENCY, INC.

66402583

Principal Place of Business	Mailing Address
1520 BOTTLEBRUSH DRIVE N.E., STE ~~2A~~ 2E PALM BAY FL 32905	1520 BOTTLEBRUSH DRIVE N.E., STE ~~2A~~ 2E PALM BAY FL 32905

2. Principal Place of Business	3. Mailing Address
1520 Bottlebrush DR	1520 Bottlebrush DR
Suite, Apt. #, etc.: Suite 2E	Suite, Apt. #, etc.: Suite 2E
City & State: Palm Bay Fl	City & State: Palm Bay Fl
Zip: 32905 Country: USA	Zip: 32905 Country: USA

MOORE CR2E034 (11/03)

4. FEI Number 59-3478121 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, NORMA
1520 BOTTLEBRUSH DRIVE N.E., STE 2A
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name: Hyacinth Gallimore DON
Street Address (P.O. Box Number is Not Acceptable): Condo 111
1480 Malibu Villa
City: Palm Bay FL Zip Code: 32905

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Hyacinth Gallimore DON 2.16.04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	STVP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, NORMA B	NAME	
STREET ADDRESS	1520 BOTTLEBRUSH DRIVE N.E., STE 2E	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	CITY-ST-ZIP	
TITLE	Hyacinth Gallimore ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Director of Nursing	NAME	
STREET ADDRESS	1480 Malibu Villa	STREET ADDRESS	
CITY-ST-ZIP	Condo 111 Palm Bay Fl 32905	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norma Smith Norma Smith 1/27/04 321-984-1412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #