

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90259 015 \*\*\*150.00

**DOCUMENT # P97000097405**

1. Entity Name  
**ABEL NURSING AGENCY, INC.**



Principal Place of Business  
**1520 BOTTLEBRUSH DRIVE  
SUITE 2E  
PALM BAY, FL 32905**

Mailing Address  
**1520 BOTTLEBRUSH DRIVE  
SUITE 2E  
PALM BAY, FL 32905**

**20001286**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006

Chg-P

CR2E034 (11/05)

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  
724 REBAB AVENUE NE  
PALM BAY, FL 32907**

7. Name and Address of New Registered Agent

Name

**NORMA B RANSOME**

Street Address (P.O. Box Number is Not Acceptable)

**724 Rehab Ave NE**

City

**Palm Bay**

FL

Zip Code

**32907**

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

*Norma B Ransome*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*Jan 5-2006*

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STVP  
SMITH, NORMA B  
1520 BOTTLEBRUSH DRIVE N.E., STE 2A  
PALM BAY, FL 32905** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DON  
SMITH, GRACE  
1520 BOTTLEBRUSH DRIVE NE  
PALM BAY, FL 32905** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**NORMA B RANSOME  
1520 BOTTLEBRUSH DR STE 2E  
Palm Bay FL 32905** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 B Ransome*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*321-984-1412*

*Jan 5 2006*

## ATTACHMENT

20001286

# P97000091405

Department of Health - Vital Statistics

(STATE FILE NUMBER)

STATE OF FLORIDA  
MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

Scott Ellis

Clerk Of Courts, Brevard County

#Pgs: 1

#Names: 2

Trust: 0.00

Rec: 0.00

Serv: 0.00

Mtg: 0.00

Excise: 0.00

nt Tax: 0.00

200400255

(APPLICATION NUMBER)

1. GROOM'S NAME (First, Middle, Last) <b>KENNETH RANSOME SR</b>			2. DATE OF BIRTH (Month, Day, Year) <b>09/24/1928</b>		
3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>PALM BAY</b>		3b. COUNTY <b>BREVARD</b>		3c. STATE <b>FLORIDA</b>	
4. BIRTHPLACE (State or Foreign Country) <b>TRINIDAD</b>					
5a. BRIDE'S NAME (First, Middle, Last) <b>NORMA BLANCHE SMITH</b>			5b. MAIDEN SURNAME (If different) <b>STEWART</b>		6. DATE OF BIRTH (Month, Day, Year) <b>05/02/1932</b>
7a. RESIDENCE - CITY, TOWN, OR LOCATION <b>PALM BAY</b>		7b. COUNTY <b>BREVARD</b>		7c. STATE <b>FLORIDA</b>	
8. BIRTHPLACE (State or Foreign Country) <b>JAMAICA</b>					

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Kenneth Ransome</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>01/27/2004</b>	
11. TITLE OF OFFICIAL <b>Deputy Clerk</b>		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Caroline Holt</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Norma Blanche Smith</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>01/27/2004</b>	
15. TITLE OF OFFICIAL <b>Deputy Clerk</b>		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Caroline Holt</i>	

## LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE <b>Brevard County</b>		18. DATE LICENSE ISSUED <b>01/27/2004</b>		18a. DATE LICENSE EFFECTIVE <b>01/30/2004</b>		19. EXPIRATION DATE <b>03/27/2004</b>	
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Scott Ellis</i>				20b. TITLE <b>Clerk of Circuit Court</b>		20c. BY D.C. <b>sxg</b>	

## CERTIFICATE OF MARRIAGE

HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) <b>02/10/2004</b>		22. CITY, TOWN, OR LOCATION OF MARRIAGE <b>Melbourne, Florida</b>	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Caroline A. Holt</i>		23c. ADDRESS (Of person performing ceremony) <b>578. Nieman Avenue Melbourne, FL 32901</b>	
24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Caroline A. Holt, Deputy Clerk</i>		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)	

ALL INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY. NOT TO BE RECORDED IN THE PUBLIC RECORDS.

STATE OF FLORIDA, COUNTY OF BREVARD

I HEREBY CERTIFY that the above and foregoing is a true and correct copy of the original filed in this office.

SCOTT ELLIS, Clerk Circuit and County Court

Dated **02/10/04** By *CH* D.C.