

1. Entity Name
ABEL NURSING AGENCY, INC.

P7000097405



Principal Place of Business

CONLAN PROFESSIONAL CENTER
1501 ROBERT J. CONLAN BLVD., STE 6
PALM BAY, FL 32905

Mailing Address

CONLAN PROFESSIONAL CENTER
1501 ROBERT J. CONLAN BLVD., STE 6
PALM BAY, FL 32905

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90125 022 ***158.75

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3478121

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RANSOME, NORMA B
724 REBAB AVE NE
PALM BAY, FL 32907

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY - ST - ZIP
STVP
RANSOME, NORMA B
1520 BOTTLEBRUSH DR. STE 2E
PALM BAY, FL 32905 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STVP
Ransome, Norma B
1501 Robert J Conlan Blvd Ste 6
Palm Bay FL 32905 ☒ Change ☐ Addition

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
~~Don~~ ADDM.
Smith, Grace
1501 Robert J Conlan Blvd, Ste 6
Palm Bay FL 32905 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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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 / NORMA B RANSOME RN 321984-1412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #