


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000097405</b> 1. Entity Name ABEL NURSING AGENCY, INC.	
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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
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01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3478121	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
  
RANSOME, NORMA B  
724 REBAB AVE NE  
PALM BAY, FL 32907

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVP RANSOME, NORMA B 1501 ROBERT J CONLAN BLVD STE 6 PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDM SMITH, GRACE 1501 ROBERT J CONLAN BLVD STE 6 PALM BAY, FL 32905
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01/30/08-80016-007 158.75

**DO NOT WRITE  
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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 1/14/08 3219841412  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #