

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000004430

**Entity Name:** ABLE PALMS HOME & HEALTH CARE SERVICES, INC.

**Current Principal Place of Business:**

1107 HAZELTINE BOULEVARD  
SUITE 200  
CHASKA, MN 55318

**Current Mailing Address:**

1107 HAZELTINE BOULEVARD  
SUITE 200  
CHASKA, MN 55318 US

**FEI Number:** 41-1753931

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name WEICHERT, JAMES A  
Address 1107 HAZELTINE BLVD SUITE 200  
City-State-Zip: CHASKA MN 55318

Title SECRETARY  
Name OLSON, DENISE A  
Address 1107 HAZELTINE BOULEVARD  
SUITE 200  
City-State-Zip: CHASKA MN 55318

Title T  
Name BENSON, RANDALL  
Address 1107 HAZELTINE BOULEVARD  
SUITE 200  
City-State-Zip: CHASKA MN 55318

Title PRESIDENT  
Name EDINGER, CRAIG E  
Address 1107 HAZELTINE BOULEVARD  
SUITE 200  
City-State-Zip: CHASKA MN 55318

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CRAIG E. EDINGER

**PRESIDENT**

**01/28/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date