

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000005699

Entity Name: ABLE PALMS HOME HEALTH OF SPRING HILL, INC.**Current Principal Place of Business:**1107 HAZELTINE BLVD., STE 200
CHASKA, MN 55318**Current Mailing Address:**1107 HAZELTINE BLVD., STE 200
CHASKA, MN 55318 US**FEI Number:** 47-2456857**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	S
Name	OLSON, DENISE A
Address	1107 HAZELTINE BLVD., STE 200
City-State-Zip:	CHASKA MN 55318

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

Title	T
Name	BENSON, RANDALL
Address	1107 HAZELTINE BLVD., STE 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