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. 02/13/2014 SIGNATURE: JOHN B. GOODMAN PRESIDENT

Electronic Signature of Signing Officer/Director Detail

2014 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

Name and Address of Current Registered Agent:

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

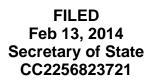
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Title

Electronic Signature of Registered Agent **Officer/Director Detail :** PD Title Т EVARD

Name	GOODMAN, JOHN B	Name	NUTTING, RONALD F
Address	1107 HAZELTINE BLVD SUITE 200	Address	1107 HAZELTINE BOULE
City-State-Zip:	CHASKA MN 55318	0.000	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		



Certificate of Status Desired: No

Date

Date