

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

P-1

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000004430 (5)**

1. Corporation Name

ABLE PALMS HOME & HEALTH CARE SERVICES, INC.



Principal Place of Business

Mailing Address

**1712 HOPKINS CROSSROAD
MINNETONKA MN 55305**

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MINNETONKA MN 55305**

3. Date Incorporated or Qualified

09/30/1993

3a. Date of Last Report

02/06/1996

2. Principal Place of Business

2a. Mailing Address

21 499 Alternate Keene Rd.

26 1107 Hazeltine Blvd

4. FEI Number

41-1753931

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 820

27 200

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

23 Largo, FL

28 Chaska

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

Country

Zip

Country

24 33771

25 ~~FL~~ US

29 MN

30 ~~FL~~ US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRINGTON, CAREY MS.
2700 EAST BAY DRIVE, SUITE 207
LARGO FL 34641**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	GOODMAN, JOHN B	
STREET ADDRESS	1712 HOPKINS CROSSROAD	
CITY - ST - ZIP	MINNETONKA MN	
TITLE	S	☐ DELETE
NAME	GUERTIN, JOSEPH	
STREET ADDRESS	1712 HOPKINS CROSSROAD	
CITY - ST - ZIP	MINNETONKA MN	
TITLE	T	☐ DELETE
NAME	PETERKA, DAN	
STREET ADDRESS	1712 HOPKINS CROSSROAD	
CITY - ST - ZIP	MINNETONKA MN	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1107 Hazeltine Blvd #200
1.4 CITY - ST - ZIP	Chaska, MN 55318
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	1107 Hazeltine Blvd #200
2.4 CITY - ST - ZIP	Chaska, MN 55318
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	1107 Hazeltine Blvd #200
3.4 CITY - ST - ZIP	Chaska, MN 55318
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X** **JOHN B. GOODMAN** **4/29/97** **612-361-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0627707

CR2E034 (9/96)