

2005 FOR PROFIT CORPORATION ANNUAL REPORT

08-03-2005 90061 043 ***150.00

FP02000003507


SECRETARY OF STATE
DIVISION OF CORPORATIONS

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07282005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000003507			
1. Entity Name ABILITY HEALTH SERVICES, INC.			
Principal Place of Business 312 WEST FIRST ST SUITE #300 SANFORD, FL 32771		Mailing Address 305 CLYDE MORRIS BLVD STE 220 ORMOND, FL 32714	
2. Principal Place of Business		3. Mailing Address 312 W. First St	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 300	
City & State		City & State Sanford, Florida	
Zip	Country	Zip	Country
32771	USA	32771	USA
4. FEI Number 48-1254248		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HALICZER, JAMES S ESQUIRE HALICZER, PETTIS & WHITE, P.A. 101 NORTHEAST THIRD AVENUE, SUITE 600 FORT LAUDERDALE, FL 33301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRACEY, MARK 1242 W PORTILLO DR DELTONA, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRACEY, DAVID P.O. BOX 152407 CAPE CORAL, FL 33915 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP John Guzzina 111 Preston Way Sanford, Florida 32773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I 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 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: _____		Date: 7/26/05 386527 2005	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	