

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003507

FILED
Mar 08, 2007
Secretary of State

Entity Name: ABILITY HEALTH SERVICES, INC.

Current Principal Place of Business:

312 WEST FIRST ST
SUITE #300
SANFORD, FL 32771

New Principal Place of Business:

1200 LEXINGTON GREEN LANE
SANFORD, FL 32771

Current Mailing Address:

312 WEST FIRST STREET, #300
SANFORD, FL 32771

New Mailing Address:

1200 LEXINGTON GREEN LANE
SANFORD, FL 32771

FEI Number: 48-1254248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALICZER, JAMES S ESQUIRE
HALICZER, PETTIS & WHITE, P.A.
101 NORTHEAST THIRD AVENUE, SUITE 600
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TRACEY, MARK
Address: 1242 W PORTILLO DR
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: TRACEY, DAVID
Address: P.O. BOX 152407
City-St-Zip: CAPE CORAL, FL 33915

Title: VP () Delete
Name: GUERRINA, JOHN
Address: 5106 MAJESTIC WOODS PLACE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN GUERRINA

MR

03/08/2007

Electronic Signature of Signing Officer or Director

Date