


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000003507
 1. Entity Name
ABILITY HEALTH SERVICES, INC.



Principal Place of Business 1200 LEXINGTON GREEN LANE SANFORD, FL 32771	Mailing Address 1200 LEXINGTON GREEN LANE SANFORD, FL 32771
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04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 48-1254248	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000912566
 05/07/08 80065-017 150.00

10. OFFICERS AND DIRECTORS

TITLE P	TRACEY, MARK 1242 W PORTILLO DR DELTONA, FL 32725
TITLE D	TRACEY, DAVID P.O. BOX 152407 CAPE CORAL, FL 33915
TITLE VP	GUERRINA, JOHN 5106 MAJESTIC WOODS PLACE SANFORD, FL 32771
TITLE NAME	STREET ADDRESS CITY - ST - ZIP
TITLE NAME	STREET ADDRESS CITY - ST - ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John M. Guerrina **4/10/08** **586 5471640**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #