2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2011
Secretary of State

DOCUMENT# P02000003507

Entity Name: ABILITY HEALTH SERVICES, INC.

Current Principal Place of Business:

1200 LEXINGTON GREEN LANE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

1200 LEXINGTON GREEN LANE
SANFORD, FL 32771

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: P
Name: TRACEY, MARK
Address: 1641 SE 39TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

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

Title: VP
Name: GUERRINA, JOHN
Address: 2065 SQUIRREL RUN
City-St-Zip: GENEVA, FL 32732

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.

SIGNATURE: MARK TRACEY PRES 03/21/2011

Electronic Signature of Signing Officer or Director — Date