



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ability Health Services, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P02000003507

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James S. Haliczzer, Esq.  
Name of Contact Person

Haliczer Pettis & Schwamm, P.A.  
Firm/Company

100 S.E. Third Avenue, 7th Floor  
Address

Fort Lauderdale, FL 33394  
City/State and Zip Code

lshindel@hpslegal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Shindel at ( 954 ) 523-9922  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# Haliczer Pettis & Schwamm

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225 E. ROBINSON STREET  
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REPLY TO:

Fort Lauderdale

August 31, 2011

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attention: Teresa Brown

Re: Ability Health Services, Inc.  
Our File No: 1162.0024

Dear Ms. Brown:

Per your request, I enclose an executed Statement of Change of Registered Agent Address and the Cover Letter form. We previously paid the \$35.00 fee.

Thank you.

Sincerely yours,

JAMES S. HALICZER  
For the Firm

JSH/cb

Enclosure

cc: Mark Tracey

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 5, 2011

JAMES S HALICZER, ESQ.  
HALICZER PETTIS & SCHWAMM, P.A.  
100 SE THIRD AVE 7TH FL  
FORT LAUDERDALE, FL 33394

SUBJECT: ABILITY HEALTH SERVICES, INC.  
Ref. Number: P02000003507

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 911A00018481

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: ABILITY HEALTH SERVICES, INC.
2. The principal office address: 1200 LEXINGTON GREEN LANE SANFORD, FL 32771
3. The mailing address (if different): (same)
4. Date of incorporation/qualification: 1/10/02 Document number: P02000003507

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JAMES S. HALICZER, ESQ
HALICZER PETTIS & WHITE, P.A
101 NE THIRD AVENUE, STE. 600
FORT LAUDERDALE FL 33301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JAMES S. HALICZER, ESQ.
HALICZER PETTIS & SCHWAMM, P.A
P.O. Box NOT acceptable
100 SE THIRD AVENUE, 7th FLOOR
FORT LAUDERDALE FL 33394

FILED
2011 SEP -6 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

MARK TRACEY
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

8-31-11
Date

If signing on behalf of an entity:

[Signature]
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*