

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90165 025 ***150.00

DOCUMENT # P02000003507

1. Entity Name
ABILITY HEALTH SERVICES, INC.



Principal Place of Business
P.O. BOX 152407
CAPE CORAL FL 33915

Mailing Address
P.O. BOX 152407
CAPE CORAL FL 33915

2. Principal Place of Business
312 West First St
Suite, Apt. #, etc.
Suite # 300

3. Mailing Address
312 West First St
Suite, Apt. #, etc.
Suite # 300

City & State
Sanford, FL

City & State
Sanford, FL

4. FEI Number
48-1254248

Applied For
Not Applicable

Zip
32771 **Country**
Seminole

Zip
32771 **Country**
Seminole

5. Certificate of Status Desired ☐ **\$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 _____ **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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ **Delete**
NAME **David TRACEY**
STREET ADDRESS **P.O. Box 152407**
CITY-ST-ZIP **Cape Coral, FL 33915**

TITLE **President** ☒ **Change** ☒ **Addition**
NAME **MARK TRACEY**
STREET ADDRESS **1242 W. Portillo Dr**
CITY-ST-ZIP **Deltona, FL 32725**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ **Change** ☒ **Addition**
NAME **David Tracey**
STREET ADDRESS **P.O. Box 152407**
CITY-ST-ZIP **Cape Coral, FL 33915**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03 (386) 527-2005

Date Daytime Phone #

CR2E034 (10/02)