

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000003507

**Entity Name:** ABILITY HEALTH SERVICES, INC.

**Current Principal Place of Business:**

1200 LEXINGTON GREEN LANE  
SANFORD, FL 32771

**Current Mailing Address:**

1200 LEXINGTON GREEN LANE  
SANFORD, FL 32771

**FEI Number: 48-1254248**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HALICZER, JAMES SESQ  
HALICZER, PETTIS & SCHWAMM, P.A.  
100 SE THIRD AVE 7TH FL  
FORT LAUDERDALE, FL 73394 US

*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

**Officer/Director Detail :**

Title	P
Name	TRACEY, MARK
Address	1641 SE 39TH TERRACE
City-State-Zip:	CAPE CORAL FL 33904
Title	SECRETARY
Name	LOPES, PAUL
Address	1200 LEXINGTON GREEN LANE
City-State-Zip:	SANFORD FL 32771

Title	VP
Name	GUERRINA, JOHN
Address	1200 LEXINGTON GREEN LANE
City-State-Zip:	SANFORD FL 32771
Title	OFFICER
Name	CIANCOTTO, DONNA
Address	1200 LEXINGTON GREEN LANE
City-State-Zip:	SANFORD FL 32771

*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**

**PRESIDENT**

**01/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date