

2019 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:**TRACEY, MARK
1200 LEXINGTON GREEN LANE
SANFORD, FL 32771 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:** MARK TRACEY

02/07/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	TRACEY, MARK F
Address	1200 LEXINGTON GREEN LANE
City-State-Zip:	SANFORD FL 32771

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 F TRACEY

PRESIDENT

02/07/2019

Electronic Signature of Signing Officer/Director Detail

Date