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Jun 11, 2004 8:00 am
Secretary of State

04-20-2004 90185 023 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000022700

1. Entity Name
ABILITY REHABILITATION CENTER, LLC

Principal Place of Business
312 WEST FIRST ST., STE. 300
SANFORD, FL 32771

Mailing Address
312 WEST FIRST ST., STE. 300
SANFORD, FL 32771

34000300

04022004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	305 Clyde Morris Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste 220
City & State	City & State Ormond Beach FL
Zip / Country	Zip 32714 / Country USA

4. FEI Number 20-0051737 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITE, W. GRAHAM 250 PARK AVE. SOUTH, 5TH FLOOR WINTER PARK, FL 32789	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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE P NAME Tracey, Mark STREET ADDRESS 1242 W Portillo Dr CITY-ST-ZIP Deltona, FL 32725	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] MARK TRACEY 4-14-04 (386) 527-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #