


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 19, 2005 8:00 am
Secretary of State

08-19-2005 90089 014 ****50.00

DOCUMENT # L03000022700	
1. Entity Name ABILITY REHABILITATION CENTER, LLC	

Principal Place of Business 312 WEST FIRST ST., STE. 300 SANFORD, FL 32771	Mailing Address 305 CLYDE MORRIS RD STE 220 ORMOND BEACH, FL 32714
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2. Principal Place of Business	3. Mailing Address 312 W. First St #300
Suite, Apt. #, etc.	Suite, Apt. #, etc. 300
City & State	City & State Sanford, Florida
Zip	Zip 32771
Country	Country USA



07282005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0051737	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, W. GRAHAM
 250 PARK AVE. SOUTH, 5TH FLOOR
 WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

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)

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TRACEY, MARK 1242 W PARTILLO DR DELTONA, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

X **SIGNATURE:** Mark Tracey **7/26/05** **386 527 2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #