2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007
Secretary of State

DOCUMENT# L03000022700

Entity Name: ABILITY REHABILITATION CENTER, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

1200 LEXINGTON GREEN LANE
SANFORD, FL 32771

Current Mailing Address:

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

New Mailing Address:

1200 LEXINGTON GREEN LANE
SANFORD, FL 32771

FEI Number: 20-0051737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MR ( ) Delete
Name: TRACEY, MARK
Address: 1242 W PARTILLO DR
City-St-Zip: DELTONA, FL 32725

Title: MR ( ) Delete
Name: GUERRINA, JOHN E VP
Address: 5106 MAJESTIC WOODS PLACE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN GUERRINA MR 03/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date