

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

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

Principal Place of Business 1200 LEXINGTON GREEN LANE SANFORD, FL 32771	Mailing Address 1200 LEXINGTON GREEN LANE SANFORD, FL 32771
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04112008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0051737	Applied For 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

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating) **DATE:** _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

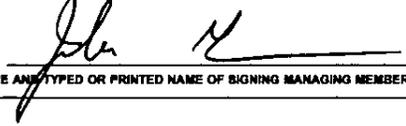
U000000912961
 05/07/08-80101-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MR
NAME	TRACEY, MARK
STREET ADDRESS	1242 W PARTILLO DR
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	MR
NAME	GUERRINA, JOHN E VP
STREET ADDRESS	5106 MAJESTIC WOODS PLACE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4-10-08** **3865471690**

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