



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L03000022700</b>		
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	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  WHITE, W. GRAHAM 250 PARK AVE. SOUTH, 5TH FLOOR WINTER PARK, FL 32789		<b>DO NOT WRITE IN THIS SPACE</b>
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR TRACEY, MARK 1242 W PARTILLO DR DELTONA, FL 32725	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR GUERRINA, JOHN E VP 5106 MAJESTIC WOODS PLACE SANFORD, FL 32771	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 #



04112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
20-0051737

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

000000912961  
05/07/08-80101-016 138.75