2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2011
Secretary of State

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Entity Name: ABILITY REHABILITATION CENTER, LLC

Current Principal Place of Business:

1200 LEXINGTON GREEN LANE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

1200 LEXINGTON GREEN LANE
SANFORD, FL 32771

New Mailing Address:

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

Name and Address of Current Registered Agent:

TRACEY, MARK
1200 LEXINGTON GREEN LANE
SANFORD, FL 32771 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
Name: TRACEY, MARK
Address: 1242 W PARTILLO DR
City-St-Zip: DELTONA, FL 32725

Title: MR
Name: GUERRINA, JOHN E VP
Address: 2065 SQUIRREL RUN
City-St-Zip: GENEVA, FL 32732

I hereby 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 Statues.

SIGNATURE: MARK TRACEY MR 04/04/2011

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