


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N19342		
1. Entity Name HABILITATION MANAGEMENT SERVICES, INC.		
Principal Place of Business 1831 FIDDLER CT TALLAHASSEE, FL 32308		Mailing Address 1831 FIDDLER CT TALLAHASSEE, FL 32308
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PHILLIPS, JANICE G. 7469 CREEKRIDGE CIR TALLAHASSEE, FL 32309		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 <u><i>Janice G. Phillips</i></u> DATE <u>1/25/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, JANICE G. 7469 CREEKRIDGE CIR TALLAHASSEE, FL 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RENAUD, LYNN 11914 STEED'S RUN TALLAHASSEE, FL 32317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, JILL 4901 LAKE PARK DRIVE TALLAHASSEE, FL 32311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u><i>Janice G. Phillips</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/25/06 <small>Date Daytime Phone #</small>



01252006 No Chg-NP CRZE037 (11/05)

4. FEI Number 59-2824952	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/22/06-80050-005 61.25

**DO NOT WRITE
IN THIS SPACE**