


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
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
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DO NOT WRITE IN THIS SPACE



02072008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent PHILLIPS, JANICE G. 4350 MAYLOR RD TALLAHASSEE, FL 32308	DO NOT WRITE IN THIS SPACE
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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 reconstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000851071 03/25/08-80023-020 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, JANICE G. 4350 MAYLOR RD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RENAUD, LYNN 1802 VINEYARD WAY 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	

DO NOT WRITE IN THIS SPACE

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: *Janice G. Phillips* **3/4/08** **850-8774393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #