

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19342

FILED
Mar 26, 2009
Secretary of State

Entity Name: HABILITATION MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

1831 FIDDLER CT
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1831 FIDDLER CT
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-2824952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, JANICE G.
4350 MAYLOR RD
TALLAHASSEE, FL 32308 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PHILLIPS, JANICE G.,
Address: 4350 MAYLOR RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: DST () Delete
Name: RENAUD, LYNN
Address: 1802 VINEYARD WAY
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: MURPHY, JILL
Address: 4901 LAKE PARK DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE G PHILLIPS

PRES

03/26/2009

Electronic Signature of Signing Officer or Director

Date