


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000031258**  
1. Entity Name  
ABILITIES REHAB SERVICES, INC.



Principal Place of Business  
4712 GRAPEVINE WAY  
DAVIE, FL 33331

Mailing Address  
4712 GRAPEVINE WAY  
DAVIE, FL 33331

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0405482	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  
COCCHIARO-GUALTIERI, VANIA  
4712 GRAPEVINE WAY  
DAVIE, FL 33331

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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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COCCHIARO-GUALTIERI, VANIA 4712 GRAPEVINE WAY DAVIE, FL 33331
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U000000024613  
02/02/04-80072-020 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: Van Cocchiaro Date: 2/27/04 Daytime Phone #: 954-483-8456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR