2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2008 08:00 A Secretary of State

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1. Entity Nam					Secretai	ry of S1	
ABILITIE	S REHAB SERVICES, INC.						
Principal Plac	ce of Business	Mailing Address 4712 GRAPEVINE WAY					
DAVIE, FL 3		DAVIE, FL 33331		- 			
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	O NOT WRITE	IN THIS SPA	CE.	01022008	No Chg-P	CR2E034 (11/	
	JO NO DAVISTICE		OL.	4. FEI Numbe 03-040		-	Applied For Not Applicable
	6. Name and Address of Current Re	distered Agent	T	5. Certificate	of Status Desired	S8.75 Fee Rec	Additional quired
	RO-GUALTIERI, VANIA	giant au rigoin		חח	NOT W	DITE	
4712 GRA DAVIE, FL	PEVINE WAY - 33331		5 , ,		THIS SP	F 194	
	e named entity submits this statement for the tions of registered agent.	ne purpose of changing its register	ed office or regis	stered agent, or bot	h, in the State of Flo	rida. I am familiar v	with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered							
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registers	ed Agent signature requ	uired when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·
FIL	Signature, typed or printed name of registered agent and PROWILL FEE IS \$150.00 PROWED FEE WILL BE \$550.00	9. Election Campaign Fina	ncing	\$5.00 May Be Added to Fees	U00000 04/30/08-	DATE 1903465 180046-025	150.00
FIL	.E NOW!!! FEE IS \$150.00	9. Election Campaign Fina Trust Fund Contribution.	ncing	\$5.00 May Be	U00000 04/30/08-		150.00
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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 execuse 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 endress with all other five empowered.

SIGNATURE: *

NATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 1-31-8 954-483