

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031258

FILED  
Apr 07, 2011  
Secretary of State

**Entity Name:** ABILITIES REHAB SERVICES, INC.

**Current Principal Place of Business:**

4712 GRAPEVINE WAY  
DAVIE, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

4712 GRAPEVINE WAY  
DAVIE, FL 33331

**New Mailing Address:**

FEI Number: 03-0405482

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COCCHIARO-GUALTIERI, VANIA  
4712 GRAPEVINE WAY  
DAVIE, FL 33331 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: DP  
Name: COCCHIARO-GUALTIERI, VANIA  
Address: 4712 GRAPEVINE WAY  
City-St-Zip: DAVIE, FL 33331

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VANIA COCCHIARO GUALTIERI

PRES

04/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date