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Feb 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000006893 (9)**

1. Corporation Name
ABILITY REHAB SERVICES, INC.

Principal Place of Business	Mailing Address
500 ROMANO STREET ST AUGUSTINE FL 32086 US	500 ROMANO STREET ST AUGUSTINE FL 32086 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/19/1994

2. Principal Place of Business	2a. Mailing Address
21 165 SOUTHPARK BLVD	26 165 SOUTHPARK BLVD.
Suite, Apt. #, etc. 22 SUITE D.	Suite, Apt. #, etc. 27 SUITE D
City & State 23 ST. AUGUSTINE, FL	City & State 28 ST. AUGUSTINE, FL
Zip 24 32086 / Country 25 US	Zip 29 32086 / Country 30 US

4. FEI Number
59-3220985
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JEFFS, MATTHEW J 500 ROMANO STREET ST AUGUSTINE FL 32086	81 Name JEFFS, MATTHEW J. 82 Street Address (P.O. Box Number is Not Acceptable) 906 SHORE DRIVE 83 84 City ST. AUGUSTINE FL 85 Zip Code 32086

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 2/4/98
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND/OR DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	JEFFS, P.T.M J.		1.2 NAME	JEFFS, P.T. M.J.	
STREET ADDRESS	0500 ROMANO ST		1.3 STREET ADDRESS	906 SHORE DR.	
CITY-ST-ZIP	ST AUGUSTINE FL		1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	ST	☐ DELETE	2.1 TITLE	ST	☑ Change ☐ Addition
NAME	JEFFS, KIMBERLY		2.2 NAME	JEFFS, KIMBERLY	
STREET ADDRESS	500 ROMANO ST		2.3 STREET ADDRESS	906 SHORE DR.	
CITY-ST-ZIP	ST AUGUSTINE FL		2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2/4/98 (904)829-5565