


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90040 019 \*\*\*150.00

<b>DOCUMENT # P94000006893</b>	
1. Entity Name ABILITY REHAB SERVICES, INC.	

Principal Place of Business 165SOUTHPARKBLVD SUITED STAUGUSTINE,FL32086JS	Mailing Address 165SOUTHPARKBLVD SUITED STAUGUSTINE,FL32086JS
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50013682



2. Principal Place of Business 906 SHORE DRIVE	3. Mailing Address 906 SHORE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01262005 Chg-P CR2E034 (10/03)

City & State ST. AUGUSTINE, FL	City & State ST. AUGUSTINE, FL
Zip 32086	Zip 32086
Country	Country

4. FEI Number 59-3220985	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
JEFFS, MATTHEW J 906 SHORE DRIVE ST AUGUSTINE, FL 32086	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEFFS, P.T. M.J. 906 SHORE DR ST AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JEFFS, KIMBERLY 906 SHORE DRIVE ST AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:**  **7/8/05** **(904) 797-8762**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #