

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000006893**

1. Entity Name  
ABILITY REHAB SERVICES, INC.



Principal Place of Business  
906 SHORE DRIVE  
ST AUGUSTINE, FL 32086 US

Mailing Address  
906 SHORE DR  
ST AUGUSTINE, FL 32086 US



01242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3220985

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JEFFS, MATTHEW J  
906 SHORE DRIVE  
ST AUGUSTINE, FL 32086

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

000000008803  
02/01/07-80025-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
JEFFS, P.T. M.J.  
906 SHORE DR  
ST AUGUSTINE, FL 32086

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
JEFFS, KIMBERLY  
906 SHORE DRIVE  
ST AUGUSTINE, FL 32086

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.25.07 904 797 8762