2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000006893

FILED Feb 02, 2009 Secretary of State

Entity Name: ABILITY REHAB SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 906 SHORE DRIVE ST AUGUSTINE, FL 32086 LIS **Current Mailing Address: New Mailing Address:** 906 SHORE DR ST AUGUSTINE, FL 32086 US FEI Number: 59-3220985 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JEFFS, MATTHEW J 906 SHORE DRIVE ST AUGUSTINE, FL 32086 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition JEFFS, P.T. M J. JEFFS, MATTHEW J Name: Name:

906 SHORE DR 906 SHORE DR Address: Address: City-St-Zip: ST AUGUSTINE, FL 32086 City-St-Zip: ST AUGUSTINE, FL 32086

Title: Title: () Change () Addition () Delete

Name: JEFFS. KIMBERLY Name: 906 SHORE DRIVE Address: Address: ST AUGUSTINE, FL 32086 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Ρ SIGNATURE: MATTHEW J. JEFFS 02/02/2009