

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031258

Entity Name: ABILITIES REHAB SERVICES, INC.

Current Principal Place of Business:

4712 GRAPEVINE WAY
DAVIE, FL 33331

Current Mailing Address:

4712 GRAPEVINE WAY
DAVIE, FL 33331

FEI Number: 03-0405482

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COCCHIARO-GUALTIERI, VANIA
4712 GRAPEVINE WAY
DAVIE, FL 33331 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

Officer/Director Detail :

Title DP
Name COCCHIARO-GUALTIERI, VANIA
Address 4712 GRAPEVINE WAY
City-State-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

OWNER/PRESIDENT

04/08/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date