2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# P96000077809

Entity Name: ACTIVE LIVING REHABILITATION, INC.

Current Principal Place of Business:

3774 WELLINGTON PARKWAY
PALM HARBOR, FL 34685

New Principal Place of Business:

10446 PONTOFINO CIRCLE
TRINITY, FL 34655

Current Mailing Address:

3774 WELLINGTON PARKWAY
PALM HARBOR, FL 34685

New Mailing Address:

10446 PONTOFINO CIRCLE
TRINITY, FL 34655

FEI Number: 59-3403408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVELACE, WILLIAM K
2310 W BAY DRIVE
LARGO, FL 33770 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: WEST, SHELLEY
Address: 3774 WELLINGTON PARKWAY
City-St-Zip: PALM HARBOR, FL 34685

Title: T ( ) Delete
Name: WEST, THOMAS R
Address: 3744 WELLINGTON PKWY
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WEST, SHELLEY
Address: 10446 PONTOFINO CIRCLE
City-St-Zip: TRINITY, FL 34655

Title: T (X) Change ( ) Addition
Name: WEST, THOMAS R
Address: 10446 PONTOFINO CIRCLE
City-St-Zip: TRINITY, FL 34655

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.

SIGNATURE: SHELLEY WEST D 01/22/2009
Electronic Signature of Signing Officer or Director Date