

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000077809

FILED
Jan 17, 2012
Secretary of State

Entity Name: ACTIVE LIVING REHABILITATION, INC.

Current Principal Place of Business:

10446 PONTOFINO CIRCLE
TRINITY, FL 34655

New Principal Place of Business:

Current Mailing Address:

10446 PONTOFINO CIRCLE
TRINITY, FL 34655

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: D
Name: WEST, SHELLEY
Address: 10446 PONTOFINO CIRCLE
City-St-Zip: TRINITY, FL 34655

Title: T
Name: WEST, THOMAS R
Address: 10446 PONTOFINO CIRCLE
City-St-Zip: TRINITY, FL 34655

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: SHELLEY WEST

MG

01/17/2012

Electronic Signature of Signing Officer or Director

Date