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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000026061

1. Corporation Name

ACTIVE LIFE HEALTHCARE GROUP, INC.

	ice of Business	IVI	alling Address						
8320 W SUNI	RISE BLVD	8320 W SUNRISE BLVD							
SUITE 111			SUITE 111				DO NOT WRITE IN THIS SI	PACE	
PLANTATION FL 33322			PLANTATION FL 33322				3. Date Incorporated or Qualifed		
							1		
		1.6	Mailing Addunce				02/28/1997 4. FEI Number	TΔn	plied For
⊢ , '	Place of Business	-	Mailing Address				1	_ 	t Applicable
21		26	Cuito Ant # oto				65-0749875	\$8.75	
Suite, Ap	t. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	Fee Re	
22		27	City & State	3====			a Flatin Complex Financing	\$5.00	·
City & Sta	ate		City & State				6. Election Campaign Financing Trust Fund Contribution	Added t	•
23	Country	28	Zip	Col	intry		This corporation owes the current year Intan-		01000
Zip	Country	-	Zip	$\overline{}$	Jilu y			gible] Yes	₽ 46₀
24	25	29	ntered Agent	30	T		10. Name and Address of New Registered Ag		
	9. Name and Address of Curro	ent Kegi:	stereu Agent		81	Name	10. Haine and Address of feat Registered As		
Į A	NOPOLE BOR						<u></u>		
HANOPOLE, ROB					82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
8320 W SUNRISE BLVD					83				
	INE 111				83				
PU	ANTATION FL 33322				84	City		85 Zip (Code
ĺ							<u> </u>	Щ.	
11. Pursuar	nt to the provisions of Sections 607.0	502 and 6	507.1508, Florida Statut	es, the a	above	e-named corp	oration submits this statement for the purpose of chon's board of directors. I hereby accept the appointr	nanging its ment as re	registered aistered
office or agent. I	r registered agent, or both, in the Stat am familiar with, and accept the oblig	e or Piori gations of	ga. Such change was a f, Section 607.0505, Flo	rida Stat	u by tutes.	uie corporatio	on a poard of differences. Thereby decept ine appearan		J
SIGNATURI		-							
SIGNATURI	Signature, typed or printed name of registered a	gent and title	if applicable. (NOTE	: Registered	d Agen	t signature require	d when reinstating) DATE		
12.	OFFICERS A	AND DIRI		13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D		□ percie	1.1 ∏	ITLE			Change	☐ Addition
NAME	HANOPOLE, ROB		☐ DELETE		***				
STREET ADDRESS 8320 W SUNRISE BLVD, STE 111				1.2 N	AME	1			
STREET ADDRES		E 111	☐ DETE≀E	1		ADDRESS			
	8320 W SUNRISE BLVD, STE	E 111	DETELE	1.3 S					
STREET ADDRES CITY-ST-ZIP TITLE		E 111	☐ DELETE	1.3 S	TREET			Change	Addition
CITY-ST-ZIP	8320 W SUNRISE BLVD, STE	111		1.3 S 1 <u>.4 C</u>	TREET SITY-ST		. [Change	
CITY-ST-ZIP TITLE NAME	8320 W SUNRISE BLVD, STE PLANTATION FL 33322	E 111		1.3 S 1.4 C 2.1 T 2.2 N	TREET CITY-ST ITLE NAME		. [Change	
CITY-ST-ZIP TITLE NAME STREET ADDRES	8320 W SUNRISE BLVD, STE PLANTATION FL 33322	111		1.3 \$ 1.4 C 2.1 Tl 2.2 N 2.3 \$	TREET CITY-ST ITLE NAME STREET	-ZIP ADDRESS		Change	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

Addition |