2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004
Secretary of State

DOCUMENT# P97000026061

Entity Name: ACTIVE LIFE HEALTHCARE GROUP, INC.

Current Principal Place of Business:

8320 W SUNRISE BLVD
SUITE 111
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

8320 W SUNRISE BLVD
SUITE 111
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 65-0749875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANOPOLE, ROB
8320 W SUNRISE BLVD
SUITE 111
PLANTATION, FL 33322

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: HANOPOLE, ROB
Address: 8320 W SUNRISE BLVD, STE 111
City-St-Zip: PLANTATION, FL 33322

Title: D ( ) Delete
Name: BROWNER, MARC
Address: 8320 W SUNRISE BLVD STE 1111
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: HANOPOLE, ROB
Address: 8320 W SUNRISE BLVD, STE 111
City-St-Zip: PLANTATION, FL 33322

Title: DR (X) Change ( ) Addition
Name: BROWNER, MARC
Address: 8320 W SUNRISE BLVD STE 1111
City-St-Zip: PLANTATION, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT J. HANOPOLE DR 04/07/2004

Electronic Signature of Signing Officer or Director — Date