

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000001407

FILED
Jan 24, 2006
Secretary of State

Entity Name: HEALTHY LIFE THERAPY AND REHAB, INC.

Current Principal Place of Business:

10061 SUNSET STRIP
SUNRISE, FL 33322

New Principal Place of Business:

1776 N PINE ISLAND
106
PLANTATION, FL 33322

Current Mailing Address:

10061 SUNSET STRIP
SUNRISE, FL 33322

New Mailing Address:

1776 N PINE ISLAND
PLANTATION, FL 33322

FEI Number: 65-0803691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VEREBAY, LAYNE
888 SE. 3 RD AVE
SUITE 400
FT LAUDERDALE, FL 33316 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: P () Delete
Name: MATES, ALAN
Address: 1091 DEERWOOD LANE
City-St-Zip: WESTON, FL 33322

Title: VP () Delete
Name: ZWICKEL, ARLENE
Address: 10061 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33322

Title: S () Delete
Name: ZWICKEL, ARLENE
Address: 10061 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ZWICKEL, ARLENE
Address: 1776 N PINE ISLAND RD SUITE 106
City-St-Zip: PLANTATION, FL 33322

Title: S (X) Change () Addition
Name: ZWICKEL, ARLENE
Address: 1776 N PINE ISLAND RD SUITE 106
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 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: ALAN MATES

PRES

01/24/2006

Electronic Signature of Signing Officer or Director

Date