

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000001407

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: HEALTHY LIFE THERAPY AND REHAB, INC.

**Current Principal Place of Business:**

1776 N PINE ISLAND  
106  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

1776 N PINE ISLAND  
PLANTATION, FL 33322

**New Mailing Address:**

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  
8201 PETERS ROAD  
SUITE 1000  
PLANTATION, FL 33324 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: 1776 N PINE ISLAND RD SUITE 106  
City-St-Zip: PLANTATION, FL 33322

Title: S ( ) Delete  
Name: ZWICKEL, ARLENE  
Address: 1776 N PINE ISLAND RD SUITE 106  
City-St-Zip: PLANTATION, FL 33322

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: ALAN MATES

PRES

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date