2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2011
Secretary of State

DOCUMENT# P98000001407

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
106
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

OFFICERS AND DIRECTORS:

Title: P
Name: ZWICKEL, ARLENE
Address: 1776 N PINE ISLAND ROAD, SUITE 106
City-St-Zip: PLANTATION, FL 33322

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

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

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: ARLENE ZWICKEL MRS 01/24/2011

Electronic Signature of Signing Officer or Director — Date