

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000001407

FILED
Mar 12, 2012
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:

7500 NW 5TH STREET
116
PLANTATION, FL 33317

Current Mailing Address:

1776 N PINE ISLAND
106
PLANTATION, FL 33322

New Mailing Address:

7500 NW 5TH STREET
116
PLANTATION, FL 33317

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: 7500 NW 5TH STREET SUITE 116
City-St-Zip: PLANTATION, FL 33317

Title: VP
Name: ZWICKEL, ARLENE
Address: 7500 NW 5TH STREET SUITE 116
City-St-Zip: PLANTATION, FL 33317

Title: S
Name: ZWICKEL, ARLENE
Address: 7500 NW 5TH STREET SUITE 116
City-St-Zip: PLANTATION, FL 33317

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

PRES

03/12/2012

Electronic Signature of Signing Officer or Director

Date