2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 am § Secretary of State P99000043191 DOCUMENT # 1. Entity Name ACTIVE LIFE REHAB., INC. 05-22-2002 90248 011 ***150.00 Principal Place of Business Mailing Address 3589 E'GULF TO LAKE HWY PO BOX 640551 OCTABO **INVERNESS FL 34453 BEVERLY HILLS FL 34464** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3575073 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRISLER, PATRICK T Street Address (P.O. Box Number is Not Acceptable) 12150 S. RURAL TERR. FLORAL CITY FL 34436 City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITI 🖥 (9/01) □ Delete TITLE Change ☐ Addition CRISLER, PATRICK NAME NAME PO BOX 640551 STREET ADDRESS CR2E034 STREET ADDRESS CITY-ST-ZIP BEVERLY HILLS FL 34464 CITY-ST-ZIP TITLE Delete TITLE Channe ■ Addition AZARIAK, PACKIARAJ NAME NAME STREET ADDRESS PO BOX 640551 STREET ADDRESS **BEVERLY HILLS FL 34464** CITY-ST-7IP CITY-ST-ZIP TITLE . Delete Change Addition ANDROSKI, MARK NAME NAME STREET ADDRESS PO BOX 640551 STREET ADDRESS CITY-ST-ZIP **BEVERLY HILLS FL 34464** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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13. Thereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if

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FILED