

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
- Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000043191

1. Entity Name
ACTIVE LIFE REHAB., INC.



Principal Place of Business
**3589 E GULF TO LAKE HWY
INVERNESS, FL 34453 US**

Mailing Address
**PO BOX 640551
BEVERLY HILLS, FL 34464 US**



04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3575073

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRISLER, PATRICK T
12150 S. RURAL TERR.
FLORAL CITY, FL 34436**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000142267
04/30/04-80045-005 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
CRISLER, PATRICK
PO BOX 640551
BEVERLY HILLS, FL 34464**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
ANDROSKI, MARK
PO BOX 640551
BEVERLY HILLS, FL 34464**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Mark G. Androski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**mark. G. Androski
president**

Date

Daytime Phone #

04/30/04 352-800-2222