2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000043191

BEVERLY HILLS, FL 34464

City-St-Zip:

FILED Mar 17, 2005 Secretary of State

Entity Name: ACTIVE LIFE REHAB., INC. **Current Principal Place of Business: New Principal Place of Business:** 3589 E GULF TO LAKE HWY INVERNESS, FL 34453 **Current Mailing Address: New Mailing Address:** PO BOX 640551 BEVERLY HILLS, FL 34464 US FEI Number: 59-3575073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRISLER, PATRICK T CRISLER, PATRICK T 12150 S. RURAL TERR. 550 N. HÓRSEPRAIRIE ROAD FLORAL CITY, FL 34436 US INVERNESS, FL 34452 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: 03/17/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CRISLER, PATRICK Name: Name: PO BOX 640551 Address: Address: City-St-Zip: BEVERLY HILLS, FL 34464 City-St-Zip: Title: Title: () Change () Addition () Delete ANDROSKI, MARK Name: Name: PO BOX 640551 Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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.

VΡ SIGNATURE: PATRICK T. CRISLER 03/17/2005