## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000043191

PO BOX 640551

BEVERLY HILLS, FL 34464

Address:

City-St-Zip:

Entity Name: ACTIVE LIFE REHAB., INC.

FILED Apr 07, 2006 Secretary of State

**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 550 N. HÓRSEPRAIRIE ROAD 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () 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:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. 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.

SIGNATURE: MARK ANDROSKI P 04/07/2006