2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P99000043191

Entity Name: ACTIVE LIFE REHAB., INC.

Current Principal Place of Business:

3589 E GULF TO LAKE HWY
INVERNESS, FL 34453 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2594
INVERNESS, FL 34451 US

New Mailing Address:

FEI Number: 59-3575073 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRISLER, PATRICK T
550 N. HORSEPRAIRIE ROAD
INVERNESS, FL 34452 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: CRISLER, PATRICK
Address: PO BOX 2594
City-St-Zip: INVERNESS, FL 34451

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TREA ( ) Change (X) Addition
Name: CRISLER, JESSICA
Address: 550 N HORSE PRAIRIE RD
City-St-Zip: INVERNESS, FL 34450

I hereby certify that the information supplied with this filing does not qualify 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: JESSICA L CRISLER TREA 04/30/2009

Electronic Signature of Signing Officer or Director Date