

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000026061

Entity Name: ACTIVE LIFE HEALTHCARE GROUP, INC.

Current Principal Place of Business:

8320 W SUNRISE BLVD
SUITE 111
PLANTATION, FL 33322

Current Mailing Address:

8320 W SUNRISE BLVD
SUITE 111
PLANTATION, FL 33322

FEI Number: 65-0749875

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HANOPOLE, ROB DR.
8320 W SUNRISE BLVD
SUITE 111
PLANTATION, FL 33322 US

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

Officer/Director Detail :

Title DR
Name HANOPOLE, ROB
Address 8320 W SUNRISE BLVD, STE 111
City-State-Zip: PLANTATION FL 33322

Title DR
Name BROWNER, MARC
Address 8320 W SUNRISE BLVD STE 1111
City-State-Zip: PLANTATION FL 33322

I hereby 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 all other like empowered.

SIGNATURE: ROB HANOPOLE

DR

04/21/2013

Electronic Signature of Signing Officer/Director Detail

Date