

**2014 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

**FILED**  
**Apr 24, 2014**  
**Secretary of State**  
**CC3414449487**

**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**

**04/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date