2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State
04-25-2002 90010 003 ****50.00

0051021

DOCUMENT # L00000011374

1. Entity Name
LIFESPAN HEALTHCARE, L.L.C.

Principal Place of Business	Mailing Address
885 HIDDEN RIVER PARKWAY, STE. 300 TAMPA FL 33637	885 HIDDEN RIVER PARKWAY, STE. 300 TAMPA FL 33637

945698

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8875 HIDDEN RIVER PARKWAY	8875 HIDDEN RIVER PARKWAY
Suite, Apt. #, etc. STE. 300	Suite, Apt. #, etc. STE. 300
City & State TAMPA, FL. 33637	City & State TAMPA, FL
Zip 33637 — Country HILLSBOROUGH	Zip 33637 — Country HILLSBOROUGH

4. FEI Number 59-3671176 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRECO, FRANK J 115 N. WESTSHORE BLVD., STE. 750 TAMPA FL 33607	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KASTEN, JOHN P 813 E. BLOOMINGDALE AVE., STE. 257 BRANDON FL 33511 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KASTEN, JOHN P 8875 HIDDEN RIVER PARKWAY, SUITE 300 TAMPA, FL. 33637 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STEWART, SCOTT 4540 BERKLEY LAKE RD. NORCROSS GA 30071 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: John P. Kasten JOHN P. KASTEN 4/11/02 813-975-7492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #