2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004
Secretary of State

DOCUMENT# L00000011374

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

Current Principal Place of Business:

8875 HIDDEN RIVER PKWY
STE 300
TAMPA, FL 33637

New Principal Place of Business:

Current Mailing Address:

8875 HIDDEN RIVER PKWY
STE 300
TAMPA, FL 33637

New Mailing Address:

FEI Number: 59-3671176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRECO, FRANK J
115 N. WESTSHORE BLVD., STE. 750
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

GRECO, FRANK J
4047 HENDERSON BLVD.
TAMPA, FL 33629 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: 04/05/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: KASTEN, JOHN P
Address: 8875 HIDDEN RIVER PKWY, STE 300
City-St-Zip: TAMPA, FL 33637

Title: MGR ( ) Delete
Name: STEWART, SCOTT
Address: 4540 BERKLEY LAKE RD.
City-St-Zip: NORCROSS, GA 30071

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

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

ADDITIONS/CHANGES:

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

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

Title: MGR ( ) Change (X) Addition
Name: KATO, TOMIO
Address: 2047 PINNACLE POINTE DR
City-St-Zip: NORCROSS, GA 30071

Title: MGR ( ) Change (X) Addition
Name: BALLY, ALEX
Address: 12 CLARKE RD
City-St-Zip: BARRINGTON, RI 02806

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 MGR 04/05/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date