

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011374

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

FILED
Apr 12, 2006
Secretary of State

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
4047 HENDERSON BLVD.
TAMPA, FL 33629 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

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: KATO, TOMIO
Address: 1850 COTILLION DRIVE #3411
City-St-Zip: ATLANTA, GA 30038

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JASON M. OLSON

OMGR

04/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date