2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007
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
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:	1850 COTILLION DRIVE #3411	
City-St-Zip:	ATLANTA, GA 30038	
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:	MGR	(X) Change ( ) Addition
Name:	STEWART, SCOTT	
Address:	4540 SOUTH BERKLEY LAKE RD.	
City-St-Zip:	NORCROSS, GA 30071	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	BALLY, ALEX	
Address:	45 SHORE DR	
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 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 MNGR 01/08/2007

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