2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2008
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:

270 SCIENTIFIC DR
STE 14
NORCROSS, GA 30092

Current Mailing Address:

8875 HIDDEN RIVER PKWY
STE 300
TAMPA, FL 33637

New Mailing Address:

16765 FISHHAWK BLVD.
#408
LITHIA, FL 33547

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:

GRECO, FRANK
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: JOHN P KASTEN 04/27/2008
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 SOUTH 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:	45 SHORE DR	
City-St-Zip:	BARRINGTON, RI 02806	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	KASTEN, JOHN P JOHN P	
Address:	6089 SANDHILL RIDGE DR	
City-St-Zip:	LITHIA, FL 33547	
Title:	MGR	(X) Change ( ) Addition
Name:	STEWART, SCOTT J JOHN P	
Address:	4540 SOUTH BERKLEY LAKE RD.	
City-St-Zip:	NORCROSS, GA 30071	
Title:	MGR	(X) Change ( ) Addition
Name:	KATO, TOMIO J JOHN P	
Address:	1850 COTILLION DRIVE #3411	
City-St-Zip:	ATLANTA, GA 30038	
Title:	MGR	(X) Change ( ) Addition
Name:	BALLY, ALEX J JOHN P	
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 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: JOHN P KASTEN JOHN 04/27/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date