2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L00000011374

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

Current Principal Place of Business:

270 SCIENTIFIC DR
STE 14
NORCROSS, GA 30092

New Principal Place of Business:

Current Mailing Address:

16765 FISHHAWK BLVD.
#408
LITHIA, FL 33547

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
708 S CHURCH AVE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

FRANK J. GRECO, P.A.
708 S CHURCH AVE
TAMPA, FL 33609 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 04/14/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KASTEN, JOHN P JOHN P
Address: 6089 SANDHILL RIDGE DR
City-St-Zip: LITHIA, FL 33547

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

Title: MGR ( ) Delete
Name: KATO, TOMIO J JOHN P
Address: 1850 COTILLION DRIVE #3411
City-St-Zip: ATLANTA, GA 30038

Title: MGR ( ) Delete
Name: BALLY, ALEX J JOHN P
Address: 45 SHORE DR
City-St-Zip: BARRINGTON, RI 02806

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LIFESPAN HEALTHCARE TECHNOLOGIES, CORP.
Address: 16765 FISHHAWK BLVD., #408
City-St-Zip: LITHIA, FL 33547

Title: MGR (X) Change ( ) Addition
Name: ASK RESEARCH & DEVELOPMENT
Address: 4540 SOUTH BERKLEY LAKE RD.
City-St-Zip: NORCROSS, GA 30071

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

Title: MGR (X) Change ( ) Addition
Name: ABCD, LLC
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 04/14/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date