


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90069 030 \*\*\*150.00

<b>DOCUMENT # P02000083975</b> 1. Entity Name <b>LIFE SPAN REHAB, CORP.</b>					
Principal Place of Business <b>4710 N HABANA AVE STE 305 TAMPA, FL 33614</b>			Mailing Address <b>2014 HELM LANE VALRICO, FL 33594</b>		
2. Principal Place of Business - No P.O. Box # <b>4710 N Habana Ave</b>		3. Mailing Address Suite, Apt. #, etc. <b>STE 301</b>			
City & State <b>Tampa FL</b>		City & State <b>Valrico FL</b>			
Zip <b>33614</b>		Country <b>USA</b>		4. FEI Number <b>54-2067780</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CAMARA, LINDA L 2014 HELM LANE VALRICO, FL 33594</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMARA, LINDA LIZ 4710 N HABANA AVE STE 305 TAMPA, FL 33614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Camara, Linda Liz 4710 N Habana Ave STE 301 Tampa FL 33614	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SANTIAGO, ENEIDA 4710 N HABANA AVE STE 305 TAMPA, FL 33614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Santiago Eneida 4701 N Habana Ave STE 301 Tampa FL 33614	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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02152008 Chg-P CR2E034 (12/06)

4. FEI Number 54-2067780 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** Zip Code

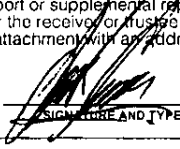
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SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)

9. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMARA, LINDA LIZ 4710 N HABANA AVE STE 305 TAMPA, FL 33614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Camara, Linda Liz 4710 N Habana Ave STE 301 Tampa FL 33614
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2/22/08** **(813) 871-5882**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #