

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000106995

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Entity Name:** LIFESPAN HEALTH SERVICES, L.L.C.

**Current Principal Place of Business:**

140 JFK DRIVE  
SUITE #146  
ATLANTIS, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

2295 CORPORATE BLVD., NW  
SUITE #231  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 26-2050618

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOBOVITS, DANIEL A  
2295 CORPORATE BLVD. NW  
SUITE # 231  
BOCA RATON, FL 33431 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: MGRM  
Name: LOBOVITS, DANIEL A  
Address: 2295 CORPORATE BLVD., NW  
City-St-Zip: BOCA RATON, FL 33431

I hereby 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: DANIEL A. LOBOVITS, PH.D.

MGRM

02/03/2012

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