I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA LIZ CAMARA

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

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:

CAMARA, LINDA L 2014 HELM LANE VALRICO, FL 33594 US

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

PD	Title	STD
CAMARA, LINDA LIZ	Name	SANTIAGO, ENEIDA
4710 N HABANA AVE STE 301	Address	4701 N HABANA AVE STE 301
TAMPA FL 33614	City-State-Zip:	TAMPA FL 33614
	PD CAMARA, LINDA LIZ 4710 N HABANA AVE STE 301	PDTitleCAMARA, LINDA LIZName4710 N HABANA AVE STE 301Address

PRESIDENT

04/10/2013

Date

Date

# FILED Apr 10, 2013 Secretary of State CC3232292975

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

STE 301 TAMPA, FL 33614 **Current Mailing Address:** 

4710 N HABANA AVE

BRANDOM, FL 33509

DOCUMENT# P02000083975

Entity Name: LIFE SPAN REHAB, CORP.

**Current Principal Place of Business:** 

## FEI Number: 54-2067780

Name and Address of Current Registered Agent:

P. O. BOX 161