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: CAMARA, LINDA LIZ

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Entity Name: LIFE SPAN REHAB, CORP.

Current Principal Place of Business:

4710 N HABANA AVE STE 301 TAMPA, FL 33614

Current Mailing Address:

DOCUMENT# P02000083975

P. O. BOX 161 BRANDOM, FL 33509

FEI Number: 54-2067780

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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

Date

01/08/2016

Date

FILED Jan 08, 2016 Secretary of State CC9382447010

PRESIDENT