above, or on an attachment with all other like empowered. SIGNATURE: LINDA LIZ CAMARA PRESIDENT

Electronic Signature of Signing Officer/Director Detail

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

(

Officer/Director Detail :			
Title	PD	Title	STD
Name	CAMARA, LINDA LIZ	Name	SANTIAGO, ENEIDA
Address	4710 N HABANA AVE STE 301	Address	4710 N HABANA AVE STE 301
City-State-Zip:	TAMPA FL 33614	City-State-Zip:	TAMPA FL 33614

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.

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CAMARA, LINDA L 4710 N HABANA AVE STE 301

TAMPA FL 33614 US

SIGNATURE:

TAMPA, FL 33614

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: LIFE SPAN REHAB, CORP.

Current Principal Place of Business:

DOCUMENT# P02000083975

Current Mailing Address:

P. O. BOX 161 BRANDON, FL 33509 US

FEI Number: 54-2067780

4710 N HABANA AVE STE 301

FILED Jan 12, 2021 Secretary of State 1229060781CC

Date

Certificate of Status Desired: No

01/12/2021

Date