

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000071179

**FILED  
Mar 12, 2020  
Secretary of State  
7362260563CC**

**Entity Name:** LIFESPAN ADVISORS, P. A.

**Current Principal Place of Business:**

4655 SALISBURY RD.,  
SUITE 100A  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4655 SALISBURY RD.,  
SUITE 100A  
JACKSONVILLE, FL 32256

**FEI Number:** 83-1640814

**Certificate of Status Desired:** No

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

CRAMER, JEFFREY  
4655 SALISBURY RD.,  
SUITE 100A  
JACKSONVILLE, FL 32256 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CRAMER, JEFFREY  
Address 4655 SALISBURY RD.,  
City-State-Zip: JACKSONVILLE FL 32256

Title VP  
Name CRAMER, JEFFREY  
Address 4655 SALISBURY RD.,  
City-State-Zip: JACKSONVILLE FL 32256

Title SEC.  
Name CRAMER, JEFFREY  
Address 4655 SALISBURY RD.,  
City-State-Zip: JACKSONVILLE FL 32256

Title TREA  
Name CRAMER, JEFFREY  
Address 4655 SALISBURY RD.,  
City-State-Zip: JACKSONVILLE FL 32256

*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:** JEFFREY CRAMER

**MANAGER**

**03/12/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date