2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000069868

Entity Name: LIFECARE SOLUTIONS EAST, INC.

FILED Jan 13, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

6820 LYONS TECH CIRCLE 8120 BELVEDERE ROAD

SUITE 215 SUITE 5

COCONUT CREEK, FL 33073 WEST PALM BEACH, FL 33411

Current Mailing Address: New Mailing Address:

6820 LYONS TECH CIRCLE 8120 BELVEDERE ROAD

SUITE 215 SUITE 5

COCONUT CREEK, FL 33073 WEST PALM BEACH, FL 33411

FEI Number: 33-0920232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SABATASO, BRIAN
6820 LYONS TECH CIRCLE
SUITE 215
SABATASO, BRIAN
8120 BELVEDERE ROAD
SUITE 5

COCONUT CREEK, FL 33073 US WEST PALM BEACH, FL 33411 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: 01/13/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO () Delete Title: () Change () Addition

 Name:
 SABATASO, BRIAN
 Name:

 Address:
 7648 HOLLINGTON PLACE
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33467
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRIAN SABATASO CEO 01/13/2009