

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000047622

**FILED**  
**Oct 02, 2012**  
**Secretary of State**

**Entity Name:** LIFESPAN THERAPY SERVICES, INC.

**Current Principal Place of Business:**

9318 EAST COLONIAL DRIVE  
SUITE B-3  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

9318 EAST COLONIAL DRIVE  
SUITE B-3  
ORLANDO, FL 32817

**New Mailing Address:**

**FEI Number:** 59-3719885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DUNLEVY, MINDY J  
9318 E COLONIAL DRIVE  
SUITE B3  
ORLANDO, FL 32817 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DUNLEVY, MINDY  
Address: 9318 E. COLONIAL DRIVE B-3  
City-St-Zip: ORLANDO, FL 32817

Title: DIRE  
Name: MIRANDA-RODRIGUEZ, MONICA  
Address: 9318 E COLONIAL DRIVE B-3  
City-St-Zip: ORLANDO, FL 32817

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: MINDY DUNLEVY

PRES

10/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date