
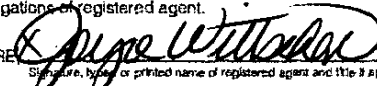
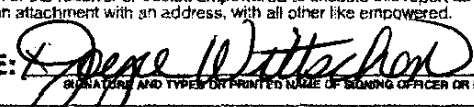


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90407 037 \*\*\*150.00

<b>DOCUMENT # P02000008907</b> 1. Entity Name <b>LIFESPAN THERAPY, INC.</b>					
Principal Place of Business <b>9800 N.W. 5TH COURT PLANTATION, FL 33312</b>			Mailing Address <b>9800 N.W. 5TH COURT PLANTATION, FL 33312</b>		
2. Principal Place of Business <b>16638 SADDLE CLUB RD</b> Suite, Apt. #, etc.		3. Mailing Address <b>16638 SADDLE CLUB RD</b> Suite, Apt. #, etc.			
City & State <b>Weston, FL</b>		City & State <b>Weston, FL</b>		4. FEI Number <b>04-3589327</b>	
Zip <b>33326</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WITTSCHEN, JOYCE F 9800 N.W. 5TH COURT PLANTATION, FL 33312</b>				7. Name and Address of New Registered Agent Name <b>Joyce F WITTSCHEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>16638 SADDLE CLUB RD</b> City <b>Weston</b> <b>FL</b> Zip Code <b>33326</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  <b>2/4/04</b> <small>Signature, handwritten or printed name of registered agent and title is applicable. (NOTE: Registered Agent's signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>WHITTSCHEN, JOYCE</b> STREET ADDRESS <b>16638 SADDLE CLUB RD.</b> CITY-ST-ZIP <b>WESTON, FL 33326</b>			TITLE <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Joyce F Wittschen</b> STREET ADDRESS <b>16638 SADDLE CLUB RD</b> CITY-ST-ZIP <b>Weston, FL 33326</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				<b>2-4-04 (94) 660-0551</b> <small>Date Daytime Phone #</small>	