



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000083975</b> 1. Entity Name <b>LIFE SPAN REHAB, CORP.</b>	
---	---

Principal Place of Business <b>4710 N HABANA AVE STE 305 TAMPA, FL 33614</b>	Mailing Address <b>2014 HELM LANE VALRICO, FL 33594</b>
---	--

**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-P CR2E034 (11/05)

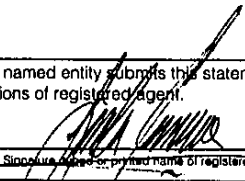
4. FEI Number <b>54-2067780</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CAMARA, LINDA L  
2014 HELM LANE  
VALRICO, FL 33594**

**DO NOT WRITE  
IN THIS SPACE**

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:  DATE: 1-17-2007

SIGNATURE: Place or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMARA, LINDA LIZ 4710 N HABANA AVE STE 305 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SANTIAGO, ENEIDA 4710 N HABANA AVE STE 305 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000624744  
02/14/07-80047-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Linda Liz Camara DATE: 1-17-2007 (813) 871-5882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #