

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90069 030 ***150.00

DOCUMENT # P02000083975	
1. Entity Name LIFE SPAN REHAB, CORP.	

Principal Place of Business 4710 N HABANA AVE STE 305 TAMPA, FL 33614	Mailing Address 2014 HELM LANE VALRICO, FL 33594
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2. Principal Place of Business - No P.O. Box # 4710 N Habana Ave	3. Mailing Address
Suite, Apt. #, etc. STE 301	Suite, Apt. #, etc.
City & State Tampa FL	City & State
Zip 33614	Country



02152008 Chg-P CR2E034 (12/06)

4. FEI Number 54-2067780	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAMARA, LINDA L 2014 HELM LANE VALRICO, FL 33594	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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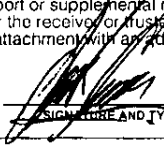
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMARA, LINDA LIZ 4710 N HABANA AVE STE 305 TAMPA, FL 33614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Camara, Linda Liz 4710 N Habana Ave STE 301 Tampa FL 33614 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SANTIAGO, ENEIDA 4710 N HABANA AVE STE 305 TAMPA, FL 33614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Santiago Eneida 4701 N Habana Ave STE 301 Tampa FL 33614 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  2/22/08 (813) 871-5882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #