

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000102851

FILED
Jan 13, 2009
Secretary of State

Entity Name: LIFECARE SOLUTIONS OF PALM BEACH, INC.

Current Principal Place of Business:

8120 BELVEDERE RD, UNIT 5
WEST PALM BEACH, FL 33411

New Principal Place of Business:

8120 BELVEDERE RD,
SUITE 5
WEST PALM BEACH, FL 33411

Current Mailing Address:

6820 LYONS TECH CIRCLE, STE 215
COCONUT CREEK, FL 33073

New Mailing Address:

8120 BELVEDERE RD,
SUITE 5
WEST PALM BEACH, FL 33411

FEI Number: 26-1079977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SABATASO, BRIAN
6820 LYONS TECH CIRCLE, STE 215
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

SABATASO, BRIAN
8120 BELVEDERE ROAD
SUITE 5
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:

Title: D () Delete
Name: GRAVES, MICHAEL L
Address: 11742 PARADISE COVE LANE
City-St-Zip: WELLINGTON, FL 33449

Title: D () Delete
Name: SABATASO, BRIAN
Address: 7618 HOLLINGTON PLACE
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: WHITE, BRUCE D.M.
Address: 1475 DANIELSON DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: YALAMANCHILI, PRASAD
Address: 9985 LAKEWOOD LANE
City-St-Zip: CINCINNATI, OH 45242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

Electronic Signature of Signing Officer or Director

Date