2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2012
Secretary of State

DOCUMENT# P07000102851

Entity Name: LIFECARE SOLUTIONS OF PALM BEACH, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
8120 BELVEDERE ROAD
SUITE 5
WEST PALM BEACH, FL 33411 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: D
Name: GRAVES, MICHAEL L
Address: 11742 PARADISE COVE LANE
City-St-Zip: WELLINGTON, FL 33449

Title: D
Name: SABATASO, BRIAN CEO
Address: 8120 BELVEDERE ROAD #5
City-St-Zip: WEST PALM BEACH, FL 33411

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

Title: D
Name: YALAMANCHILI, PRASAD
Address: 8120 BELVEDERE ROAD #5
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D
Name: RIZZO, KIM TREAS.
Address: 8120 BELVEDERE ROAD #5
City-St-Zip: WEST PALM BEACH, FL 33411

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: BAS CEO 01/10/2012

Electronic Signature of Signing Officer or Director Date