

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000063002

FILED
Feb 15, 2007
Secretary of State

Entity Name: LIFESPAN HEALTHCARE TECHNOLOGIES CORPORATION

Current Principal Place of Business:

8875 HIDDEN RIVER PARKWAY
STE 300
TAMPA, FL 33637

New Principal Place of Business:

Current Mailing Address:

8875 HIDDEN RIVER PARKWAY
STE 300
TAMPA, FL 33637

New Mailing Address:

FEI Number: 59-3400694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRECO, FRANK J
4047 HENDERSON BLVD
TAMPA, FL 33629 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KASTEN, JOHN P
Address: 6089 SANDHILL RIDGE DR
City-St-Zip: LITHIA, FL 33547

Title: SD () Delete
Name: KASTEN, KRIS T
Address: 6089 SANDHILL RIDGE DR
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KASTEN, JOHN P
Address: 6089 SANDHILL RIDGE DR
City-St-Zip: LITHIA, FL 33547

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN P KASTEN

PRES

02/15/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date