

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001924

Entity Name: LIFECARE NETWORK, INC.

Current Principal Place of Business:

122 NORTH MOON AVENUE
BRANDON, FL 33510

Current Mailing Address:

122 NORTH MOON AVENUE
BRANDON, FL 33510

FEI Number: 59-3229320

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BROOKS, KAREN D
4736 STAFFORD COURT
PALMETTO, FL 34221 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name REID, DAN
Address 1411 PEACHFIELD DRIVE
City-State-Zip: VALRICO FL 33596

Title P
Name GRAY, LAURA J
Address 3101 CREEKDALE CT
City-State-Zip: BRANDON FL 33511

Title D
Name BROOKS, KAREN
Address 4736 STAFFORD COURT
City-State-Zip: PALMETTO FL 34221

Title T
Name CHADWELL, MIKE
Address 2849 TIMBER KNOLL DRIVE
City-State-Zip: VALRICO FL 33594

Title SECRETARY
Name KEMPLE, TERRY
Address 2312 CHERRY RIDGE LN
City-State-Zip: BRANDON FL 33511

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAREN BROOKS

EXECUTIVE DIRECTOR

02/16/2016

Electronic Signature of Signing Officer/Director Detail

Date