

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001924

**Entity Name:** LIFECARE NETWORK, INC.

**Current Principal Place of Business:**

619 EICHENFELD DR  
BRANDON, FL 33511

**Current Mailing Address:**

619 EICHENFELD DR  
BRANDON, FL 33511 US

**FEI Number:** 59-3229320

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOSLEY, KRISTEN  
1009 OAKRIDGE MANOR DR.  
BRANDON, FL 33511 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:** KRISTEN MOSLEY

01/05/2023

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 BOARD MEMBER  
Name BURRELL, MICHAEL L  
Address 13905 ARTESA BELL DR  
City-State-Zip: RIVERVIEW FL 33579

Title TREASURER  
Name BOB, MAXEY  
Address 708 COADE STONE DR.  
City-State-Zip: SEFFNER FL 33584

Title EXECUTIVE DIRECTOR  
Name KRISTEN, MOSLEY  
Address 1009 OAKRIDGE MANOR DR.  
City-State-Zip: BRANDON FL 33511

Title BOARD MEMBER  
Name MARTIN, LB  
Address 5835 ESKER FALLS LN  
City-State-Zip: LITHIA FL 33547

Title BOARD MEMBER  
Name VALLADARES, GHYLAINÉ  
Address 11821 SAND HILL RD  
City-State-Zip: THONOTOSASSA FL 33592

*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:** KRISTEN MOSLEY

**EXECUTIVE DIRECTOR**

01/05/2023

Electronic Signature of Signing Officer/Director Detail

Date