

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000083975

**Entity Name:** LIFE SPAN REHAB, CORP.

**Current Principal Place of Business:**

4710 N HABANA AVE  
STE 301  
TAMPA, FL 33614

**Current Mailing Address:**

P. O. BOX 161  
BRANDOM, FL 33509

**FEI Number: 54-2067780**

**Certificate of Status Desired:** No

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

CAMARA, LINDA L  
2014 HELM LANE  
VALRICO, FL 33594 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	PD	Title	STD
Name	CAMARA, LINDA LIZ	Name	SANTIAGO, ENEIDA
Address	4710 N HABANA AVE STE 301	Address	4701 N HABANA AVE STE 301
City-State-Zip:	TAMPA FL 33614	City-State-Zip:	TAMPA FL 33614

*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:** CAMARA , LINDA LIZ

**PRESIDENT**

**01/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date