


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000005485
 1. Entity Name
 LIFEPLANS LTC SERVICES, INC.



Principal Place of Business 51 SAWYER RD SUITE 340 WALTHAM, MA 02453	Mailing Address 51 SAWYER RD SUITE 340 WALTHAM, MA 02453
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-2925808	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 526 E PARK AVENUE
 TALLAHASSEE, FL 32301

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LISTON, DENISE M 12 PINWOOD RD HUDSON, NH 03051
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWEENEY, JAMES L 1230 LAKE CHARLES DR ROSWELL, GA 30075
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SLATER, MICHAEL R 1561 KINGS DOWN CIR DUNWOODY, GA 30338
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALLACK, STANLEY 640 WEST MAIN RD LITTLE COMPTON, RI 02837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHARSKY, DONALD M 46 FIELDSTONE FARM RD SUDBURY, MA 01776
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COHEN, MARC A 17 WALSH RD NEWTON, MA 02159

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02/01/05-80006-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Marc A. Cohen 1/27/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #