

**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**



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2925808

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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02/01/05-80006-015 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #