

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005485

FILED  
Jan 03, 2007  
Secretary of State

Entity Name: LIFEPLANS LTC SERVICES, INC.

## Current Principal Place of Business:

51 SAWYER RD  
SUITE 340  
WALTHAM, MA 02453

## New Principal Place of Business:

## Current Mailing Address:

51 SAWYER RD  
SUITE 340  
WALTHAM, MA 02453

## New Mailing Address:

FEI Number: 04-2925808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: LISTON, DENISE M  
Address: 12 PINEWOOD RD  
City-St-Zip: HUDSON, NH 03051

Title: D ( ) Delete  
Name: SWEENEY, JAMES L  
Address: 1230 LAKE CHARLES DR  
City-St-Zip: ROSWELL, GA 30075

Title: D ( ) Delete  
Name: KATZ, JEFFREY S  
Address: 1195 DUNWOODY VILLAGE DR  
City-St-Zip: DUNWOODY, GA 30338

Title: D ( ) Delete  
Name: WALLACK, STANLEY  
Address: 640 WEST MAIN RD  
City-St-Zip: LITTLE COMPTON, RI 02837

Title: D (X) Delete  
Name: CHARSKY, DONALD M  
Address: 46 FIELDSTONE FARM RD  
City-St-Zip: SUDBURY, MA 01776

Title: P ( ) Delete  
Name: COHEN, MARC A  
Address: 17 WALSH RD  
City-St-Zip: NEWTON, MA 02159

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARC A. COHEN

P

01/03/2007

Electronic Signature of Signing Officer or Director

Date