

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005485

FILED
Apr 08, 2008
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: P () Delete
Name: COHEN, MARC A
Address: 17 WALSH RD
City-St-Zip: NEWTON, MA 02159

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: LISTON, DENISE M
Address: 12 PINEWOOD RD
City-St-Zip: HUDSON, NH 03051

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

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

Title: CFO (X) Change () Addition
Name: SCHOONVELD, STEVEN W
Address: 21 NEWTON ST
City-St-Zip: MANSFIELD, MA 02048

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

Title: D () Change (X) Addition
Name: DEKONING, MICHAEL G
Address: 3087 WATSONS BEND
City-St-Zip: ALPHARETTA, GA 30004

I hereby certify that the information supplied with this filing does not qualify 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 AARON COHEN

P

04/08/2008

Electronic Signature of Signing Officer or Director

Date