

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005485

FILED
Mar 10, 2010
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: VP
Name: LISTON, DENISE M
Address: 150 GILL'S CROSSING RD
City-St-Zip: COLUMBIA, SC 29223

Title: DIR
Name: TAHT, MICHAEL S
Address: 5555 HAMPSTEAD WAY
City-St-Zip: DULUTH, GA 30097

Title: DIR
Name: KATZ, JEFFREY S
Address: 1195 DUNWOODY VILLAGE DR
City-St-Zip: DUNWOODY, GA 30338

Title: CFO
Name: SCHOONVELD, STEVEN W
Address: 21 NEWTON ST
City-St-Zip: MANSFIELD, MA 02048

Title: PRES
Name: COHEN, MARC A
Address: 17 WALSH RD
City-St-Zip: NEWTON, MA 02159

Title: CEO
Name: DEKONING, MICHAEL G
Address: 3087 WATSONS BEND
City-St-Zip: ALPHARETTA, GA 30004

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: MARC COHEN

PRES

03/10/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date