## 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005485

Entity Name: LIFEPLANS LTC SERVICES, INC.

**Current Principal Place of Business:** 

51 SAWYER RD SUITE 340

WALTHAM, MA 02453

**Current Mailing Address:** 

51 SAWYER RD SUITE 340

WALTHAM, MA 02453

FEI Number: 04-2925808 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

**FILED** Feb 08, 2017

**Secretary of State** 

CC8736580705

Officer/Director Detail:

Title **CLER** Title DIR

KENDALL, BRYAN L TAHT, MICHAEL S Name Name

Address 51 SAWYER RD Address 56 PERIMETER CENTER EAST

SUITE 340 SUITE 500

WALTHAM MA 02453 ATLANTA GA 30346 City-State-Zip: City-State-Zip:

Title Title CEO

FARLEY, MICHAEL Name Name DEKONING, MICHAEL G

56 PERIMETER CENTER EAST 56 PERIMETER CENTER EAST Address Address

SUITE 500 City-State-Zip: ATLANTA GA 30346

City-State-Zip: ATLANTA GA 30346

Title CHIEF RESEARCH OFFICER Title VΡ

Name COHEN, MARC LISTON, DENISE Name 51 SAWYER RD Address Address

51 SAWYER RD SUITE 340

SUITE 340 City-State-Zip: WALTHAM MA 02453

City-State-Zip: WALTHAM MA 02453 Title PRESIDENT & COO

GUISER, GARY Name Address 51 SAWYER RD

SUITE 340

City-State-Zip: WALTHAM MA 02453

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.

02/08/2017 SIGNATURE: BRYAN KENDALL **CLERK**