

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000005485

**Entity Name:** LIFEPLANS LTC SERVICES, INC.

**FILED**  
**Feb 01, 2016**  
**Secretary of State**  
**CC3503520756**

**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

**Officer/Director Detail :**

Title CLER  
Name KENDALL, BRYAN L  
Address 51 SAWYER RD  
SUITE 340  
City-State-Zip: WALTHAM MA 02453

Title DIR  
Name TAHT, MICHAEL S  
Address 56 PERIMETER CENTER EAST  
SUITE 500  
City-State-Zip: ATLANTA GA 30346

Title CFO  
Name MCKEOWN, DENNIS V  
Address 51 SAWYER RD  
SUITE 340  
City-State-Zip: WALTHAM MA 02453

Title DIR  
Name FARLEY, MICHAEL  
Address 56 PERIMETER CENTER EAST  
SUITE 500  
City-State-Zip: ATLANTA GA 30346

Title CEO  
Name DEKONING, MICHAEL G  
Address 56 PERIMETER CENTER EAST  
City-State-Zip: ATLANTA GA 30346

Title VP  
Name LISTON, DENISE  
Address 51 SAWYER RD  
SUITE 340  
City-State-Zip: WALTHAM MA 02453

Title CHIEF RESEARCH OFFICER  
Name COHEN, MARC  
Address 51 SAWYER RD  
SUITE 340  
City-State-Zip: WALTHAM MA 02453

Title PRESIDENT & COO  
Name GUISER, GARY  
Address 51 SAWYER RD  
SUITE 340  
City-State-Zip: WALTHAM MA 02453

**Continues on page 2**

*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:** BRYAN KENDALL

**CLERK**

**02/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR

Name DENK, REINHOLD

Address 56 PERIMETER CENTER E

City-State-Zip: ATLANTA GA