

F01000005485

Bay State Corporate Services, Inc.  
6 Beacon Street, Suite 425  
Boston, MA 02108

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

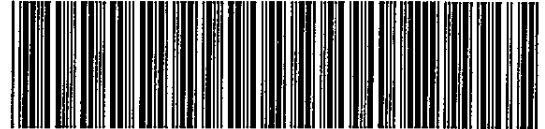
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LifePlans, Inc.  
\_\_\_\_\_  
(Name of corporation)

**DOCUMENT NUMBER:** F01000005485  
\_\_\_\_\_

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Suzanne Cryan  
\_\_\_\_\_  
(Name of person)

Bay State Corporate Services, Inc.  
\_\_\_\_\_  
(Name of firm/company)

6 Beacon Street, Suite 425  
\_\_\_\_\_  
(Address)

Boston, MA 02108  
\_\_\_\_\_  
(City/state and zip code)

For further information concerning this matter, please call:

Suzanne Cryan at ( 617 ) 742-8484  
\_\_\_\_\_  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Massachusetts in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LifePlans, Inc. d b a LIFEPLANS LTC SERVICES, INC.

2. The principal office address: 51 Sawyer Rd, Suite 340, Waltham, MA 02453

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/22/01 Document number: F01000005485

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Kathleen M. O'Connell  
(Signature of an officer, chairman or vice chairman of the board)

Kathleen M. O'Connell, M.S., Vice President  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Suzanne T. Cryan  
(Signature of Registered Agent)

4-16-03  
(Date)

If signing on behalf of an entity:

By: Suzanne T. Cryan

(Typed or Printed Name)

Assistant Secretary

(Capacity)

NRAI Services, Inc.

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314