2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005235

Entity Name: LIFE MASTERS SUPPORTED SELF CARE, INC.

FILED Apr 07, 2009 Secretary of State

·				New Principal Place of Business:		
15635 ALTON PARKWAY, SUITE 400 IRVINE, CA 92618						
Current Mailing Address:				New Mailing Address:		
15635 ALTON PARKWAY, SUITE 400 ATTN: BETSY CHRISTIE IRVINE, CA 92618				15635 ALTON PARKWAY, SUITE 400 ATTN: LEGAL DEPARTMENT IRVINE, CA 92618		
FEI Number: 94-3206428 FEI Number Applied For () FEI N		FEI Nun	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 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		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CEO () Delete SELECKY, CHRISTOBEL E 15635 ALTON PARKWAY, SUITE 400 IRVINE, CA 96218			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO () C KANZLER, DAVID 15635 ALTON PA IRVINE, CA 9261	rKWAY, SUITE 400		Title: Name: Address: City-St-Zip:	SPIEGEL, ARTHU	RKWAY, SUITE 400
Title: Name: Address: City-St-Zip:	D () D LAUB, MARGARE 10037 NORTH 96 SCOTTSDALE, A	T P TH WAY		Title: Name: Address: City-St-Zip:	LAUB, MARGARE	STREET, SUITE 300
Title: Name: Address: City-St-Zip:	D () C KURTIN, EVE M 16830 VENTURA ENCINO, CA 914	BLVD, SUITE 244		Title: Name: Address: City-St-Zip:	D (X) C KURTIN, EVE M 16830 VENTURA I ENCINO, CA 9143	,
Title: Name: Address: City-St-Zip:	D () C COGAN, GIL 2730 SAND HILL MENLO PARK, C	ROAD, SUITE 150		Title: Name: Address: City-St-Zip:	() CI	hange()Addition
Title: Name: Address: City-St-Zip:	D () D SNYDERMAN, RA DUMC BOX 3059 DURHAM, NC 27			Title: Name: Address: City-St-Zip:	() CI	hange()Addition

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: CHRISTOBEL E. SELECKY CEO 04/07/2009