

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008655

FILED
May 03, 2004
Secretary of State**Entity Name:** FOUNDATION FOR LIFE CARE PLANNING RESEARCH, INC.**Current Principal Place of Business:**10 WINDSORMERE WAY
SUITE 400
OVIEDO, FL 32765**New Principal Place of Business:****Current Mailing Address:**10 WINDSORMERE WAY
SUITE 400
OVIEDO, FL 32765**New Mailing Address:****FEI Number:** 75-3004639**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DEUTSCH, PAUL M
1750 W BROADWAY ST STE 106
OVIEDO, FL 32765 US**Name and Address of New Registered Agent:**DEUTSCH, PAUL M
10 WINDSORMERE WAY
SUITE 400
OVIEDO, FL 32765 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: _____

05/03/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: DEUTSCH, PAUL M
Address: 1750 W BROADWAY ST STE 106
City-St-Zip: OVIEDO, FL 32765**Title:** D () Delete
Name: KLEINMEN, BERNIE
Address: 2 GARNETT DR STE 102
City-St-Zip: WHITE PLAINS, NY 10604**Title:** D () Delete
Name: MCCOLLOM, PATRICIA
Address: 114 NW 5TH ST
City-St-Zip: ANKENY, IA 50021**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL M. DEUTSCH

PD

05/03/2004

Electronic Signature of Signing Officer or Director

Date