

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 17, 2007**  
**Secretary of State**

DOCUMENT# N01000008655

**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  
10 WINDSORMERE WAY  
SUITE 400  
OVIEDO, FL 32765 US**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DEUTSCH, PAUL M  
Address: 10 WINDSORMERE WAY SUITE 400  
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: D (X) Change ( ) Addition  
Name: WINKLER, TERRY  
Address: 1911 SOUTH NATIONAL DRIVE, SUITE 403  
City-St-Zip: SPRINGFIELD, MO 65804

Title: D (X) Change ( ) Addition  
Name: GRISHAM, SUSAN R  
Address: 3126 WEST CARY STREET #137  
City-St-Zip: RICHMOND, VA 23221

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 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

09/17/2007

Electronic Signature of Signing Officer or Director

Date