

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000108727

FILED
Mar 29, 2004
Secretary of State

Entity Name: LIFECARE PLAN DEVELOPMENT, INC.

Current Principal Place of Business:

530 S FEDERAL HWY STE 100
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

123 N.W. 13 ST.
SUITE 30403
BOCA RATON, FL 33432

Current Mailing Address:

530 S FEDERAL HWY STE 100
DEERFIELD BEACH, FL 33441

New Mailing Address:

123 N.W. 13 ST.
SUITE 30403
SUITE 30403, FL 33432

FEI Number: 65-1060904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, ALAN I MD
530 S FEDERAL HWY STE 100
DEERFIELD BEACH, FL 33441

Name and Address of New Registered Agent:

MILLER, ALAN I MD
123 N.W. 13 ST.
SUITE 30403
SUITE 30403, FL 33432

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:

03/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, ALAN I MD
Address: 530 S FEDERAL HWY 101
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VPTS () Delete
Name: CIZEWSKI, DARLENE K
Address: 530 S FEDERAL HWY, SUITE
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLER, ALAN I MD
Address: 123 NW 13 ST
City-St-Zip: BOCA RATON, FL 33432

Title: D (X) Change () Addition
Name: MILLER, ALAN I
Address: 123 NW 13 ST
City-St-Zip: BOCA RATON, FL 33432

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN I MILLER

P

03/29/2004

Electronic Signature of Signing Officer or Director

Date