# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 21, 2005**
**Secretary of State**

DOCUMENT# P00000108727

**Entity Name:** LIFECARE PLAN DEVELOPMENT, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

7744 PETERS ROAD
SUITE 320
PLANTATION, FL 33324

**Current Mailing Address:**

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

**New Mailing Address:**

7744 PETERS ROAD
SUITE 320
PLANTATION, FL 33324

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

**Name and Address of New Registered Agent:**

MILLER, ALAN I MD
7744 PETERS ROAD
SUITE 320
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: ALAN I MILLER 02/21/2005
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: MILLER, ALAN I MD
Address: 7744 PETERS ROAD, SUITE 320
City-St-Zip: PLANTATION, FL 33324

Title: D (X) Change ( ) Addition
Name: MILLER, ALAN I
Address: 7744 PETERS ROAD, SUITE 320
City-St-Zip: PLANTATION, FL 33324

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, MD P 02/21/2005
Electronic Signature of Signing Officer or Director Date