

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000108727

FILED
Mar 18, 2003
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:

Current Mailing Address:

530 S FEDERAL HWY STE 100
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 65-1060904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LAUREL B
530 S FEDERAL HWY STE 100
DEERFIELD BEACH, FL 33441

Name and Address of New Registered Agent:

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

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

03/18/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VPTS () Delete
Name: SMITH, LAURIE
Address: 330 NW 36TH COURT
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

PRES

03/18/2003

Electronic Signature of Signing Officer or Director

Date