

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000092783

**FILED**  
**Aug 20, 2008**  
**Secretary of State****Entity Name:** LONG TERM CARE PLANNING SERVICES, INC.**Current Principal Place of Business:**3878 N LAKE ORLANDO PKWY  
ORLANDO, FL 32808**New Principal Place of Business:**33 N. CENTRAL AVE.  
SUITE 317  
MEDFORD, OR 97501**Current Mailing Address:**3878 N LAKE ORLANDO PKWY  
ORLANDO, FL 32808**New Mailing Address:**33 N. CENTRAL AVE.  
SUITE 317  
MEDFORD, OR 97501**FEI Number:** 59-3746287**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**COCHRAN, ROBERT L  
3878 N. LAKE ORLANDO PKWY  
ORLANDO, FL 32808 US**Name and Address of New Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301 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:** LYNN CANNELONGO

08/20/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COCHRAN, ROBERT L  
Address: 3878 N LAKE ORLANDO PKWY  
City-St-Zip: ORLANDO, FL 32808

Title: VD/S ( ) Delete  
Name: COCHRAN, SANEEN R  
Address: 3878 N. LAKE ORLANDO PKWY  
City-St-Zip: ORLANDO, FL 32808

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PD (X) Change ( ) Addition  
Name: SKIFF, THOMAS A  
Address: 33 N. CENTRAL AVE., STE. 317  
City-St-Zip: MEDFORD, OR 97501

Title: VPD (X) Change ( ) Addition  
Name: PITBLADDO, RICHARD  
Address: 33 N. CENTRAL AVE., STE. 317  
City-St-Zip: MEDFORD, OR 97501

Title: VPD ( ) Change (X) Addition  
Name: DINSMORE, MARK  
Address: 33 N. CENTRAL AVE., STE. 317  
City-St-Zip: MEDFORD, OR 97501

Title: VPAS ( ) Change (X) Addition  
Name: SCHMEDLEN, DANIEL G JR.  
Address: 33 N. CENTRAL AVE., STE. 317  
City-St-Zip: MEDFORD, OR 97501

Title: T ( ) Change (X) Addition  
Name: YOST, DAVID  
Address: 33 N. CENTRAL AVE., STE. 317  
City-St-Zip: MEDFORD, OR 97501

Title: S ( ) Change (X) Addition  
Name: TAYLOR, NANCY  
Address: 33 N. CENTRAL AVE., STE. 317  
City-St-Zip: MEDFORD, OR 97501

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

**SIGNATURE:** DANIEL G. SCHMEDLEN, JR.

VPAS

08/20/2008

Electronic Signature of Signing Officer or Director

Date