2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P08000042939

Entity Name: LONG TERM CARE PLANNERS, INC.

Current Principal Place of Business:

8441 BOXWOOD DR.
TAMPA, FL 33615

New Principal Place of Business:

19038 NARIMORE DRL.
LANDOLAKES, FL 34638

Current Mailing Address:

8441 BOXWOOD DR.
TAMPA, FL 33615

New Mailing Address:

19038 NARIMORE DRL.
LANDOLAKES, FL 34638

FEI Number: 35-2334002 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMMOND, STROTHER M
8441 BOXWOOD DR.
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

HAMMOND, STROTHER M
19038 NARIMORE DR.
LANDOLAKES, FL 34638 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: STROTHER HAMMOND 04/14/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAMMOND, STROTHER M
Address: 8441 BOXWOOD DR.
City-St-Zip: TAMPA, FL 33615

Title: VP ( ) Delete
Name: HAMMOND, BRITTA P
Address: 8441 BOXWOOD DR.
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HAMMOND, STROTHER M
Address: 19038 NARIMORE DR.
City-St-Zip: LANDOLAKES, FL 34638

Title: VP (X) Change ( ) Addition
Name: HAMMOND, BRITTA P
Address: 19038 NARIMORE DR.
City-St-Zip: LANDOLAKES, FL 34638

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: STROTHER HAMMOND P 04/14/2009
Electronic Signature of Signing Officer or Director Date