2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2005
Secretary of State

DOCUMENT# N04000010790

Entity Name: NATIONAL ALLIANCE OF MEDICARE SET-ASIDE PROFESSIONALS, INC.

Current Principal Place of Business:

280 WEKAWA SPRINGS ROAD
SUITE 501
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 915610
LONGWOOD, FL 32791

New Mailing Address:

FEI Number: 20-2112607 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: PATTY MEIFERT

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NAY, TIM ESQ.
Address: 6500 SW MACADAM AVENUE #300
City-St-Zip: PORTLAND, OR 972393565

Title: D ( ) Delete
Name: MEIFERT, PATTY
Address: POST OFFICE BOX 915619
City-St-Zip: LONGWOOD, FL 327915619

Title: D ( ) Delete
Name: LEWIS, ROBERT T ESQ.
Address: 8000 MIDLANTIC DRIVE #300
City-St-Zip: MT. LAUREL, NJ 08054

Title: D ( ) Delete
Name: WHITMORE, MICHELE
Address: 19412-A EAST MANN CREEK DRIVE
City-St-Zip: PARKER, CO 80134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: PATTY MEIFERT D 10/07/2005

Electronic Signature of Signing Officer or Director — Date