

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000010790

FILED
Nov 02, 2006
Secretary of State

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:

1133 W. MORSE BOULEVARD
SUITE 201
WINTER PARK, FL 32789

Current Mailing Address:

POST OFFICE BOX 915610
LONGWOOD, FL 32791

New Mailing Address:

1133 W. MORSE BOULEVARD
SUITE 201
WINTER PARK, FL 32789

FEI Number: 20-2112607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

CSM
1133 W. MORSE BOULEVARD
SUITE 201
WINTER PARK, FL 32789 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: PHIL PYSTER

11/02/2006

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

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

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:

Title: MR () Change (X) Addition
Name: PYSTER, PHIL L MR
Address: 1133 W. MORSE BLVD., SUITE 201
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHIL L. PYSTER

MR

11/02/2006

Electronic Signature of Signing Officer or Director

Date