2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State
04-09-2007 90088 009 ****61.25

DOCUMENT # N04000010790

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

Principal Place of Business	Mailing Address
1133 W. MORSE BOULEVARD SUITE 201 WINTER PARK, FL 32789	1133 W. MORSE BOULEVARD SUITE 201 WINTER PARK, FL 32789

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
341 N. Maitland Ave	341 N. Maitland Ave
Suite, Apt. #, etc.: Suite 130	Suite, Apt. #, etc.: Suite 130
City & State: Maitland, FL	City & State: Maitland, FL
Zip: 32751 Country: U.S.A.	Zip: 32751 Country: USA

04042007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2112607 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: CSM
Street Address (P.O. Box Number is Not Acceptable): 341 N. Maitland Ave
Suite 130
City: Maitland FL Zip Code: 32751

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NAY, TIM ESQ. 6500 SW MACADAM AVENUE #300 PORTLAND, OR 972393565	☑ Delete	D Robert T. Lewis Esq 55 Ferncroft Rd, Ste 404 Danvers, MA 09123	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEIFERT, PATTY POST OFFICE BOX 915619 LONGWOOD, FL 327915619	☑ Delete	D Mark Popolizio, Esq. 20801 Biscayne Blvd Ste 403 Aventura, FL 33180	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEWIS, ROBERT T ESQ. 8000 MIDLANTIC DRIVE #300 MT. LAUREL, NJ 08054	☑ Delete	D Patty Meifert P.O. Box 915619 Longwood, FL 32791-	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITMORE, MICHELE 19412-A EAST MANN CREEK DRIVE PARKER, CO 80134	☑ Delete	D Robert D. Barson 2100 Alafaya Trail Ste 201 Oviedo, FL 32765	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MR PYSTER, PHIL L MR 1133 W. MORSE BLVD., SUITE 201 WINTER PARK, FL 32789	☑ Delete	D Jill Gradwohl Schroeder Esq 1248 O Street, Ste 600 Lincoln, NE 68508	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Delete	Mr Phil L. Pyster 341 N. Maitland Ave Ste 130 Maitland, FL 32751	☐ Change	☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

NAMSAP

Medicare Set-Aside

166013618
#N0400010790

341 N. Maitland Ave., Suite 130
Maitland, FL 32751
(407) 647-8839
Fax: (407) 629-2502
www.namsap.org