

007 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
**1133 W. MORSE BOULEVARD
SUITE 201
WINTER PARK, FL 32789**

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

2. Principal Place of Business - No P.O. Box #

341 N. Maitland Ave

3. Mailing Address

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

U.S.A.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
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

TITLE **D** ☒ Delete
NAME **NAY, TIM ESQ.**
STREET ADDRESS **6500 SW MACADAM AVENUE #300**
CITY-ST-ZIP **PORTLAND, OR 972393565**

TITLE **D** ☒ Delete
NAME **MEIFERT, PATTY**
STREET ADDRESS **POST OFFICE BOX 915619**
CITY-ST-ZIP **LONGWOOD, FL 327915619**

TITLE **D** ☒ Delete
NAME **LEWIS, ROBERT T ESQ.**
STREET ADDRESS **8000 MIDLANTIC DRIVE #300**
CITY-ST-ZIP **MT. LAUREL, NJ 08054**

TITLE **D** ☒ Delete
NAME **WHITMORE, MICHELE**
STREET ADDRESS **19412-A EAST MANN CREEK DRIVE**
CITY-ST-ZIP **PARKER, CO 80134**

TITLE **MR** ☒ Delete
NAME **PYSTER, PHIL L MR**
STREET ADDRESS **1133 W. MORSE BLVD., SUITE 201**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Robert T. Lewis Esq**
STREET ADDRESS **55 Ferncroft Rd, Ste 404**
CITY-ST-ZIP **Danvers, MA 01923**

TITLE **D** ☐ Change ☒ Addition
NAME **Mark Popolizio, Esq.**
STREET ADDRESS **20801 Biscayne Blvd Ste 403**
CITY-ST-ZIP **Aventura, FL 33180**

TITLE **D** ☐ Change ☒ Addition
NAME **Patty Meifert**
STREET ADDRESS **P.O. Box 915619**
CITY-ST-ZIP **Longwood, FL 32791**

TITLE **D** ☐ Change ☒ Addition
NAME **Robert D. Barson**
STREET ADDRESS **2100 Alafaya Trail Ste 201**
CITY-ST-ZIP **Orlando, FL 32765**

TITLE **D** ☐ Change ☒ Addition
NAME **Jill Gradwohl Schroeder, Esq**
STREET ADDRESS **1248 O Street, Ste 600**
CITY-ST-ZIP **Lincoln, NE 68508**

TITLE **MR** ☐ Change ☒ Addition
NAME **Phil L. Pyster**
STREET ADDRESS **341 N. Maitland Ave Ste 130**
CITY-ST-ZIP **Maitland, FL 32751**

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

66013618

#N04000010790

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

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Attorney at Law
Crowe Paradis Services Corporation

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Worker's Compensation Attorney

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Structured Settlement Professional
Structured Financial Associates-O'Hare