

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010790

FILED  
Mar 24, 2009  
Secretary of State

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

**Current Principal Place of Business:**

341 N. MAITLAND AVENUE  
SUITE 130  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

341 N. MAITLAND AVENUE  
SUITE 130  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 20-2112607

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PYSTER, PHIL  
341 N. MAITLAND AVE.  
SUITE 130  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

PYSTER, PHIL  
341 N. MAITLAND AVE.  
SUITE 130  
MAITLAND, FL 32751 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:

03/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LEWIS, ROBERT T ESQ  
Address: 55 FERN CROFT RD, STE 404  
City-St-Zip: DANVERS, MA 09123

Title: D ( ) Delete  
Name: POPOLIZIO, MARK ESQ.  
Address: 20801 BISCAYNE BLVD SUITE 403  
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete  
Name: MEIFERT, PATTY  
Address: PO BOX 915619  
City-St-Zip: LONGWOOD, FL 32791

Title: D ( ) Delete  
Name: BARSON, ROBERT D  
Address: 2100 ALAFAYA TRAIL STE 201  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: GRADWOHL SCHROEDER, JILL ESQ.  
Address: 12480 O STREET STE 600  
City-St-Zip: LINCOLN, NE 68508

Title: MGR ( ) Delete  
Name: PYSTER, PHIL L  
Address: 341 N. MAITLAND AVE STE 130  
City-St-Zip: MAITLAND, FL 32751

**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: ( ) 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 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 PYSTER

MR

03/24/2009

Electronic Signature of Signing Officer or Director

Date