2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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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 ( )**

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:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: MR
Name: LEWIS, ROBERT T TREAS.
Address: 55 FERNCROFT RD, STE 404
City-St-Zip: DANVERS, MA 09123 US

Title: MR
Name: POPOLIZIO, MARK BMEMBER
Address: 20801 BISCAYNE BLVD SUITE 403
City-St-Zip: AVENTURA, FL 33180 US

Title: MR.
Name: MICHAEL, WESTCOTT PRES.
Address: 1312 SHERWOOD CIRCLE
City-St-Zip: WAUSAU, WI 54403 US

Title: MS
Name: PROVENZANO, FRAN VP
Address: PO BOX 1487
City-St-Zip: OLDSMAR, FL 34677

Title: MS
Name: GRADWOHL SCHROEDER, JILL SEC.
Address: 12480 O STREETSTE 600
City-St-Zip: LINCOLN, NE 68508 US

Title: MR
Name: PYSTER, PHIL L EVP
Address: 341 N. MAITLANO AVE STE 130
City-St-Zip: MAITLAND, FL 32751

I hereby 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 all other like empowered.

SIGNATURE: PHIL PYSTER MR 03/21/2011

Electronic Signature of Signing Officer or Director — Date