

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000033992

**FILED**  
**Mar 17, 2005**  
**Secretary of State****Entity Name:** NATIONAL HEALTH PLANS PLUS, INC.**Current Principal Place of Business:**4350 OAKES ROAD  
SUITE 512  
DAVIE, FL 33314**New Principal Place of Business:****Current Mailing Address:**4350 OAKES ROAD  
SUITE 512  
DAVIE, FL 33314**New Mailing Address:****FEI Number:** 65-1002728**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CORPDIRECT AGENTS, INC.  
103 N. MERIDIAN ST.  
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**LOSEY, RALPH C ESQ.  
255 S. ORANGE AVENUE  
17TH FLOOR  
ORLANDO, FL 32801 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:** RALPH C. LOSEY, ESQ.

03/17/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** WHITE, H. WAYNE  
**Address:** 4350 OAKES ROAD, SUITE 512  
**City-St-Zip:** DAVIE, FL 33314**Title:** D ( ) Delete  
**Name:** LOEHR, RICHARD  
**Address:** 4350 OAKES ROAD, SUITE 512  
**City-St-Zip:** DAVIE, FL 33314**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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 for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** H. WAYNE WHITE

P

03/17/2005

Electronic Signature of Signing Officer or Director

Date