

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000033992

FILED
Mar 26, 2009
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.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ROSEN, JEROME
7880 N UNIVERSITY DR
TAMARAC, FL 33321 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: JEROME ROSEN

03/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHRYSLER, ANGELA
Address: 4350 OAKES ROAD, SUITE 512
City-St-Zip: DAVIE, FL 33314

Title: VP (X) Change () Addition
Name: LOEHR, MARYLOU
Address: 4350 OAKES ROAD, SUITE 512
City-St-Zip: DAVIE, FL 33314

Title: VP () Change (X) Addition
Name: BOOZER, CAROL
Address: 4350 OAKES ROAD SUITE 512
City-St-Zip: DAVIE, FL 33314

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA CHRYSLER

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date