

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0345068 AV

DOCUMENT # P00000033992

1. Entity Name
NATIONAL HEALTH PLANS PLUS, INC.

FILED

03 OCT 22 PH 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
4350 OAKES ROAD
SUITE 512
DAVIE FL 33314

Mailing Address
4350 OAKES ROAD
SUITE 512
DAVIE FL 33314

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-1002728
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROSEN, JEROME L
7880 N UNIVERSITY DR
SUITE 201
TAMARAC FL 33321

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
790024022807
10/22/03--01066--003 **61.25
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CP	LOEHR, RICHARD JR	37 FORT SIDE DR	FT LAUDERDALE FL 33316	<input type="checkbox"/>
D	LOEHR, MARY L	37 PORTSIDE DRIVE	FORT LAUDERDALE FL 33316	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/03

954-584-2151

CR2E034 (10/02)