2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2006
Secretary of State

DOCUMENT# P04000115508

Entity Name: NATIONAL HEALTHCARE PLANS, INC.

Current Principal Place of Business:

6574 NORTH STATE RD 7
242
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

6574 NORTH STATE RD 7
242
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 20-1463404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNEIDER, SCOTT
6574 NORTH STATE RD 7
242
COCONUT CREEK, FL 33073 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: SCOTT SCHNEIDER

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHENIDER, SCOTT
Address: 6574 NORTH STATE RD 7
City-St-Zip: COCONUT CREEK, FL 33073 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: SCOTT SCHNEIDER PRES 10/08/2006

Electronic Signature of Signing Officer or Director — Date