

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000017256

FILED
Mar 06, 2006
Secretary of State

Entity Name: NATIONAL HEALTHCARE PLUS, INC.

Current Principal Place of Business:

2700 W. CYPRESS CREEK ROAD
C108
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

2700 W. CYPRESS CREEK ROAD
C108
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 20-2260138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSSUCCO, FRANK M
4613 NORTH UNIVERSITY DRIVE
277
CORAL SPRINGS, FL 33067 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MOSSUCCO, FRANK M
Address: 4613 NORTH UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: CMO () Delete
Name: CASTIGLIONE, MICHAEL A
Address: 4613 NORTH UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: COO () Delete
Name: PURSER, THOMAS B
Address: 4613 NORTH UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: PURSER, THOMAS B
Address: 4613 NORTH UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

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: FRANK M MOSSUCCO

CEO

03/06/2006

Electronic Signature of Signing Officer or Director

_____ Date