2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# P94000020543

Entity Name: NATIONAL HEALTH INSURANCE SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 915767
LONGWOOD, FL 327915767

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 915767
LONGWOOD, FL 327915767

New Mailing Address:

FEI Number: 59-3226668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAIPTMAN, PAUL
9 ORANGEWOOD CT
APOPKA, FL 32708 US

Name and Address of New Registered Agent:

GAIPTMAN, PAUL
706 FOX VALLEY DRIVE
LONGWOOD, FL 32779 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: PAUL S. GAIPTMAN 04/29/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GAIPTMAN, PAUL
Address: 3212 AUTUMNWOOD TRAIL
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GAIPTMAN, PAUL
Address: 706 FOX VALLEY DRIVE
City-St-Zip: LONGWOOD, FL 32779

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: PAUL S. GAIPTMAN PRES 04/29/2002
Electronic Signature of Signing Officer or Director Date