

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90028 006 \*\*\*158.75

<b>DOCUMENT # P94000020543</b> 1. Entity Name <b>NATIONAL HEALTH INSURANCE SERVICES, INC.</b>																							
Principal Place of Business <b>706 FOX VALLEY DRIVE LONGWOOD, FL 32779</b>		Mailing Address <b>P.O. BOX 915767 LONGWOOD, FL 32791-5767</b>																					
2. Principal Place of Business - No P.O. Box # <b>226 RIVERBEND DRIVE</b> Suite, Apt. #, etc. <b># 103</b>		3. Mailing Address <b>PO BOX 915767</b> Suite, Apt. #, etc.																					
City & State <b>ALTAMONTE SPRINGS FL</b>		City & State <b>LONGWOOD FL</b>																					
Zip <b>32714</b>	Country <b>USA</b>	Zip <b>32791-5767</b>	Country																				
6. Name and Address of Current Registered Agent  <b>GAIPTMAN, PAUL 706 FOX VALLEY DRIVE LONGWOOD, FL 32779</b>		7. Name and Address of New Registered Agent Name <b>PAUL GAIPTMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>226 RIVERBEND DRIVE #103</b> City <b>ALTAMONTE SPRINGS FL</b> Zip Code <b>32714</b>																					
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE P</td> <td style="width: 70%;"> <b>GAIPTMAN, PAUL</b> <input type="checkbox"/> Delete  <b>706 FOX VALLEY DRIVE</b>  <b>LONGWOOD, FL 32779</b> </td> </tr> <tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>		TITLE P	<b>GAIPTMAN, PAUL</b> <input type="checkbox"/> Delete <b>706 FOX VALLEY DRIVE</b> <b>LONGWOOD, FL 32779</b>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE <b>PRESIDENT</b></td> <td style="width: 70%;"> <b>GAIPTMAN, PAUL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>PO BOX 915767</b>  <b>LONGWOOD FL 32791-5767</b> </td> </tr> <tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>		TITLE <b>PRESIDENT</b>	<b>GAIPTMAN, PAUL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO BOX 915767</b> <b>LONGWOOD FL 32791-5767</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.		SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																					