2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

DOCUMENT# P94000020543

Entity Name: NATIONAL HEALTH INSURANCE SERVICES, INC.

Current Principal Place of Business:

100 E. LINTON BLVD., STE. 201B
DELRAY BEACH, FL 33483

New Principal Place of Business:

8401 LAKE WORTH ROAD
LAKE WORTH, FL 33467

Current Mailing Address:

100 E. LINTON BLVD., STE. 201B
DELRAY BEACH, FL 33483

New Mailing Address:

8401 LAKE WORTH ROAD
LAKE WORTH, FL 33467

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

Name and Address of Current Registered Agent:

GAIPTMAN, PAUL
333 MANSFIELD H
BOCA RATON, FL 33434 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

OFFICERS AND DIRECTORS:

Title: RA
Name: GAIPTMAN, PAUL
Address: 333 MANSFIELD H
City-St-Zip: BOCA RATON, FL 33434

I hereby 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 all other like empowered.

SIGNATURE: PAUL GAIPTMAN RA 04/26/2011

Electronic Signature of Signing Officer or Director — Date