

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000005019

FILED
Feb 25, 2008
Secretary of State

Entity Name: THE NATIONS HEALTH PLAN, INC.

Current Principal Place of Business:

115 5TH AVENUE, 7TH FLOOR
NEW YORK, NY 10003 US

New Principal Place of Business:

Current Mailing Address:

115 5TH AVENUE, 7TH FLOOR
NEW YORK, NY 10003 US

New Mailing Address:

FEI Number: 65-0549402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN RD.
ORLANDO, FL 32811 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: PD () Delete
Name: TABAK, MARK
Address: 115 FIFTH AVE 7TH FLOOR
City-St-Zip: NEW YORK, NY 100031004 US

Title: T () Delete
Name: GERSTEIN, RICHARD
Address: 115 FIFTH AVE 7TH FLOOR
City-St-Zip: NEW YORK, NY 100031004 US

Title: S () Delete
Name: FELLER, MARCY
Address: 115 FIFTH AVE 7TH FLOOR
City-St-Zip: NEW YORK, NY 100031004 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SUZANNE BLACK-KELLER

AGC

02/25/2008

Electronic Signature of Signing Officer or Director

Date