

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000005019

FILED
Apr 09, 2009
Secretary of State

Entity Name: THE NATIONS HEALTH PLAN, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 39-1477028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P (X) Change () Addition
Name: MARK
Address: 115 FIFTH AVE 7TH FLOOR NEW YORK NY 10003-
City-St-Zip: NEW YORK, NY 10003 US

Title: T (X) Change () Addition
Name: ORRIN
Address: 115 FIFTH AVE 7TH FLOOR NEW YORK NY 10003-
City-St-Zip: NEW YORK, NY 10003 US

Title: S (X) Change () Addition
Name: MARCY
Address: 115 FIFTH AVE 7TH FLOOR NEW YORK NY 10003-
City-St-Zip: NEW YORK, NY 10003 US

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: MARCY FELLER

S

04/09/2009

Electronic Signature of Signing Officer or Director

Date