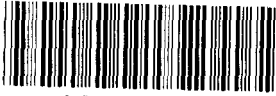


OMB APPROVAL	
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated average burden hours per response	16.00



05049735

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY	
Prefix	Serial
DATE RECEIVED	

Name of Offering (check if this is an amendment and name has changed, and indicate change)
Units comprised of Common Stock and Warrants

Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE

Type of Filing: New Filing Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change)

National Health Partners, Inc.

Address of Executive Offices (Number and Street, City, State, Zip Code)

120 Gibraltar Road, Suite 107, Horsham, PA 19044

Telephone Number (Including Area Code)

(215) 682-7114

Address of Principal Business Operations (Number and Street, City, State, Zip Code)

(if different from Executive Offices)

Telephone Number (Including Area Code)

(if different from Executive Offices)

Brief Description of Business

Provider of healthcare savings network.

PROCESSED

Type of Business Organization

- corporation
- limited partnership, already formed
- other (please specify: _____)
- business trust
- limited partnership, to be formed

APR 19 2005

**THOMSON
FINANCIAL**

Actual or Estimated Date of Incorporation or Organization:

Month Year Actual Estimated
0 3 8 9

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

I N

GENERAL INSTRUCTIONS

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years:
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Bowers, R. Dennis

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o National Health Partners, Inc., 120 Gibraltar Road, Suite 107, Horsham, PA 19044

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Daniels, David M.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o National Health Partners, Inc., 120 Gibraltar Road, Suite 107, Horsham, PA 19044

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Folts, Roger H.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o National Health Partners, Inc., 120 Gibraltar Road, Suite 107, Horsham, PA 19044

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Bathurst, Patricia A.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o National Health Partners, Inc., 120 Gibraltar Road, Suite 107, Horsham, PA 19044

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Shelly, Keith

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o National Health Partners, Inc., 120 Gibraltar Road, Suite 107, Horsham, PA 19044

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Adelstein, Steve

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o National Health Partners, Inc., 120 Gibraltar Road, Suite 107, Horsham, PA 19044

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Yes No

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual? \$ 12,000

3. Does the offering permit joint ownership of a single unit?..... Yes No

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. **Not applicable.**

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Persons Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) (Check "All States" or check States" or check

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
 [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
 [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
 [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Persons Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
 [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
 [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
 [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Persons Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
 [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
 [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
 [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ _____	\$ _____
Equity	\$ <u>8,600,000*</u>	\$ <u>2,455,001*</u>
	<input checked="" type="checkbox"/> Common <input type="checkbox"/> Preferred	
Convertible Securities (including warrants).....	\$ _____	\$ _____
Partnership Interest	\$ _____	\$ _____
Other (Specify)	\$ _____	\$ _____
Total.....	\$ <u>8,600,000*</u>	\$ <u>2,455,001*</u>

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number of Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	<u>77*</u>	\$ <u>2,455,001*</u>
Non-accredited Investors	<u>-0*</u>	\$ <u>-0*</u>
Total (for filings under Rule 504 only)		\$ _____

Answer also in Appendix, Column 4, if filing under ULOE

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Type of Offering	Type of Security	Dollar Amount Sold
Rule 505.....	<u>N/A</u>	\$ <u>N/A</u>
Regulation A.....	<u>N/A</u>	\$ <u>N/A</u>
Rule 504.....	<u>N/A</u>	\$ <u>N/A</u>
Total.....	<u>N/A</u>	\$ <u>N/A</u>

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not know, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	<input type="checkbox"/>	\$ _____
Printing and Engraving Costs.....	<input type="checkbox"/>	\$ _____
Legal Fees.....	<input checked="" type="checkbox"/>	\$ <u>30,000*</u>
Accounting Fees	<input type="checkbox"/>	\$ _____
Engineering Fees (including appraisal and survey fees).....	<input type="checkbox"/>	\$ _____
Sales Commissions (specify finders' fees separately)	<input type="checkbox"/>	\$ _____
Other Expenses (Identify)	<input checked="" type="checkbox"/>	\$ <u>120,000*</u>
Total.....	<input checked="" type="checkbox"/>	\$ <u>150,000*</u>

* This Offering consists of the sale of units ("Units"). Each Unit is being sold for \$1.20 and consists of three (3) shares of Common Stock, one (1) Class A warrant ("Class A Warrant") and one (1) Class B warrant ("Class B Warrant"). Each Class A Warrant is initially exercisable into one (1) share of Common Stock at an exercise price of \$1.00 per share. Each Class B Warrant is initially exercisable into one (1) share of Common Stock at an exercise price of \$2.00 per share. The issuer recently completed two other offerings of units comprised of shares of common stock and warrants on terms similar to those of the current offering for which the issuer previously filed a Notice of Sale of Securities on Form D with the Commission. The information contained herein has been presented on a consolidated basis to reflect the results of the current offering of Units as well as those of the previous offerings of units in the event that the three offerings are integrated for securities law purposes.

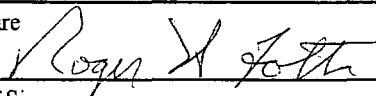
E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule? Yes No

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) National Health Partners, Inc.	Signature 	Date 3-29-05
Name of Signer (Print or Type) Roger H. Folts	Title of Signer Chief Financial Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1) Units Comprised of Common Stock and Warrants**	4 Type of investor and amount purchased in State (Part C-Item 2) ***				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR		X	\$8,600,000	3	\$47,000				X
CA		X	\$8,600,000	1	\$20,000				X
CO									
CT									
DE									
DC									
FL		X	\$8,600,000	8	\$265,000				X
GA									
HI		X	\$8,600,000	11	\$669,400				X
ID									
IL									
IN		X	\$8,600,000	3	\$65,100				X
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI		X	\$8,600,000	1	\$1,000				X
MN		X	\$8,600,000	2	\$199,000				X
MS									
MO									

** The issuer recently completed two other offerings of units comprised of shares of common stock and warrants on terms similar to those of the current offering for which the issuer previously filed a Notice of Sale of Securities on Form D with the Commission. The information contained herein has been presented on a consolidated basis to reflect the results of the current offering of Units as well as those of the previous offerings of units in the event that the three offerings are integrated for securities law purposes.

*** Does not include an aggregate of \$727,500 of securities sold to 33 Non-U.S. accredited investors.

APPENDIX

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1) Units Comprised of Common Stock and Warrants**	4 Type of investor and amount purchased in State (Part C-Item 2) ***				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE									
NV		X	\$8,600,000	2	\$62,000				X
NH									
NJ		X	\$8,600,000	5	\$156,000				X
NM									
NY									
NC									
ND									
OH		X	\$8,600,000	3	\$21,000				X
OK									
OR									
PA		X	\$8,600,000	4	\$73,000				X
RI									
SC									
SD									
TN		X	\$8,600,000	4	\$105,000				X
TX		X	\$8,600,000	1	\$44,000				X
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									

** The issuer recently completed two other offerings of units comprised of shares of common stock and warrants on terms similar to those of the current offering for which the issuer previously filed a Notice of Sale of Securities on Form D with the Commission. The information contained herein has been presented on a consolidated basis to reflect the results of the current offering of Units as well as those of the previous offerings of units in the event that the three offerings are integrated for securities law purposes.

*** Does not include an aggregate of \$727,500 of securities sold to 33 Non-U.S. accredited investors.