


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000126066  
1. Entity Name  
MEMO PLUS MD, INC.



Principal Place of Business      Mailing Address  
559 AVE K, SE                      559 AVE K, SE  
WINTER HAVEN, FL 33880        WINTER HAVEN, FL 33880



**DO NOT WRITE IN THIS SPACE**

04252005    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
90-0154242                      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
DUGAS, PATRICK J  
559 AVE K, SE  
WINTER HAVEN, FL 33880

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing        \$5.00 May Be Added to Fees  
Trust Fund Contribution.

U00000337967  
04/28/05-80015-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUGAS, PATRICK J
STREET ADDRESS	P O BOX 1029
CITY - ST - ZIP	WINTER HAVEN, FL 33880
TITLE	D
NAME	PARRISH, RYAN C
STREET ADDRESS	P O BOX 1029
CITY - ST - ZIP	WINTER HAVEN, FL 33880
TITLE	D
NAME	THOMAS, BRENT A
STREET ADDRESS	P O BOX 1029
CITY - ST - ZIP	WINTER HAVEN, FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Patrick J. Dugas      Date: 4/26/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #