

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003527

Entity Name: MEDSERVE PLUS, INC.

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2035 MIDWAY DR.  
TWINSBURG, OH 44087

**New Principal Place of Business:**

206 E GARFIELD RD  
AURORA, OH 44202

**Current Mailing Address:**

PO BOX 45  
EAST PALESTINE, OH 44413

**New Mailing Address:**

FEI Number: 75-3102637      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TRIBO, ROBERT  
568 SW LAKOTA AVE.  
PORT ST LUCIE, FL 34953      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: P  
Name: MCCOWIN, E. CRAIG  
Address: 142 MCLANAHAN DR.  
City-St-Zip: BEAVER FALLS, PA 15010

Title: S  
Name: DUFFY, RONALD E  
Address: 1151 HOWELL RD.  
City-St-Zip: EAST PALESTINE, OH 44413

Title: T  
Name: CECIL, JAMES G  
Address: 3680 WINCHELL RD.  
City-St-Zip: MANTUA, OH 44255

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: E CRAIG MCCOWIN

PRES

03/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date