

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DIFFICER OR DIRECTOR

2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 14, 2008 08:00 AN Secretary of State **DOCUMENT # K90166** GROVE MED-PLUS, INC. Principal Place of Business Mailing Address 3640 GRAND AVE. 3640 GRAND AVE. COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 03102008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0122709 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BELMUR, PIERRE R 3215 GRAND AVE. COCONUT GROVE, FL 33233 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 U00000858361 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 04/01/08-80041-023 150.00 OFFICERS AND DIRECTORS 10. TITLE BLEMUR, PIERRE R NAME STREET ADDRESS 3640 GRAND AVE CITY-ST-ZIP COCONUT GROVE, FL 33133 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 postere empowered to execute this report as indicated 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.

Davitme Phone #