


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L17195
 1. Entity Name
MEDICATION PLUS OF FLORIDA, INC.



Principal Place of Business _____ Mailing Address _____
385 GULFVIEW LANE **PO BOX 3046**
PENSACOLA, FL 32507 US **COVINGTON, LA 70434 US**

DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-2967228** Applied For
 Not Applicable

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

5. Name and Address of Current Registered Agent

MASSEY, H GEORGE J
385 GULFVIEW LANE
PENSACOLA, FL 32507

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6. 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 Trust Fund Contribution. **\$5.00** May Be Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MASSEY, G.H., JR.
STREET ADDRESS	200 LION DR
CITY-ST-ZIP	COVINGTON, LA
TITLE	D
NAME	MASSEY, SHARRON B
STREET ADDRESS	200 LIONS DR
CITY-ST-ZIP	COVINGTON, LA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* Date: 2/14/05 Daytime Phone #: 800-894-9355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR