2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M20760

1. Entity Name
MED PLUS +, INC.

Principal Place of Business
3500 NW 17TH AVE
MIAMI, FL 33142   US

Mailing Address
3500 NW 17TH AVE
MIAMI, FL 33142   US

03102008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2627244	Not Applicable

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

6. Name and Address of Current Registered Agent

BLEMUR, PIERRE
3640 GRNAD AVE.
COCONUT GROVE, FL 33133

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U000000858363
04/01/08-80041-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BLEMUR, PIERRE
STREET ADDRESS	3500 NW 17TH AVE
CITY-ST-ZIP	MIAMI, FL 33142

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: _____   Har 10 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #