2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 22, 2004
Secretary of State

DOCUMENT# P00000022296

Entity Name: MED PLUS MEDICAL GROUP, INC.

Current Principal Place of Business:

2130 S TAMIAMI TRAIL
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

PO BOX 25368
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 65-0999692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOMPOTHECRAS, GARY
738 EDGEMERE LN.
SARASOTA, FL 34242 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KOMPOTHECRAS, GARY
Address: 738 EDGEMERE LN.
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DR. GARY KOMPOTHECRAS D 10/22/2004

Electronic Signature of Signing Officer or Director Date