## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000116605

Entity Name: MEDICAL ORGANIZATION PLUS, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

4930 LAKE GATLIN WOODS CT 4930 LAKE GATLIN WOODS CT ORLANDO, FL 3286 ORLANDO, FL 32806

**Current Mailing Address: New Mailing Address:** 

4930 LAKE GATLIN WOODS CT 4930 LAKE GATLIN WOODS CT ORLANDO, FL 3286 ORLANDO, FL 32806

FEI Number: 26-0000191 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BASSETT, MARTHA M 4930 LAKÉ GATLIN WOODS CT ORLANDO, FL 32806

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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition BASSETT, MARTHA M Name: Name: BASSETT, MARTHA M

4930 LAKE GATLIN WOODS CT 4930 LAKE GATLIN WOODS CT Address: Address:

City-St-Zip: ORLANDO, FL 3286 City-St-Zip: ORLANDO, FL 32806

Title: Title: S/T () Delete (X) Change ( ) Addition

BASSETT, T M BASSETT, T M Name: Name:

4930 LAKE GATLIN WOODS CT 4930 LAKE GATLIN WOODS CT Address: Address:

ORLANDO, FL 32806 ORLANDO, FL 32806 City-St-Zip: City-St-Zip:

Title: ( ) Delete Title: ( ) Change (X) Addition

Name: BASSETT, KENNETH Name: 5351 HANSEL AVE SUITE C6 Address: Address: City-St-Zip: City-St-Zip: EDGEWOOD, FL 32809

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: T MARK BASSETT 04/29/2004 S/T