

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116605

FILED
Mar 09, 2006
Secretary of State

Entity Name: MEDICAL ORGANIZATION PLUS, INC.

Current Principal Place of Business:

4930 LAKE GATLIN WOODS CT
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

4930 LAKE GATLIN WOODS CT
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 26-0000191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BASSETT, MARTHA M
Address: 4930 LAKE GATLIN WOODS CT
City-St-Zip: ORLANDO, FL 32806

Title: S/T () Delete
Name: BASSETT, T M
Address: 4930 LAKE GATLIN WOODS CT
City-St-Zip: ORLANDO, FL 32806

Title: VP () Delete
Name: BASSETT, KENNETH
Address: 5351 HANSEL AVE SUITE C6
City-St-Zip: EDGEWOOD, FL 32809

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: CFO () Change (X) Addition
Name: BASSETT, KEVIN
Address: 212 ARBORDALE CT
City-St-Zip: CARY, NC 27511

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

S/T

03/09/2006

Electronic Signature of Signing Officer or Director

Date