

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116605

FILED
Jun 29, 2007
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:

14734 CABLESHIRE WAY
ORLANDO, FL 32824

Current Mailing Address:

4930 LAKE GATLIN WOODS CT
ORLANDO, FL 32806

New Mailing Address:

14734 CABLESHIRE WAY
ORLANDO, FL 32824

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:

BASSETT, MARTHA M
14734 CABLESHIRE WAY
ORLANDO, FL 32824 US

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:

06/29/2007

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: 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: CFO () Delete
Name: BASSETT, KEVIN
Address: 212 ARBORDALE CT
City-St-Zip: CARY, NC 27511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BASSETT, MARTHA M
Address: 14734 CABLESHIRE WAY
City-St-Zip: ORLANDO, FL 32824

Title: S/T (X) Change () Addition
Name: BASSETT, T M
Address: 14734 CABLESHIRE WAY
City-St-Zip: ORLANDO, FL 32824

Title: VP (X) Change () Addition
Name: BASSETT, KENNETH
Address: 4930 LAKE GATLIN WOODS CT
City-St-Zip: EDGEWOOD, FL 32806

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

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

06/29/2007

Electronic Signature of Signing Officer or Director

Date