2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# P01000116605

Entity Name: MEDICAL ORGANIZATION PLUS, INC.

Current Principal Place of Business:

14734 CABLESHIRE WAY
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

14734 CABLESHIRE WAY
ORLANDO, FL 32824

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
14734 CABLESHIRE WAY
ORLANDO, FL 32824 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: 14734 CABLESHIRE WAY
City-St-Zip: ORLANDO, FL 32824

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

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

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

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 (X) Change ( ) Addition
Name: BASSETT, KEVIN
Address: 510 COLE STREAM CT
City-St-Zip: CARY, NC 27513

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 01/20/2009

Electronic Signature of Signing Officer or Director — Date