

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000116605

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BASSETT, MARTHA M  
**Address:** 14734 CABLESHIRE WAY  
**City-St-Zip:** ORLANDO, FL 32824 US

**Title:** S/T  
**Name:** BASSETT, T MARK  
**Address:** 14734 CABLESHIRE WAY  
**City-St-Zip:** ORLANDO, FL 32824 US

**Title:** CFO  
**Name:** BASSETT, KEVIN  
**Address:** 510 COLE STREAM CT  
**City-St-Zip:** CARY, NC 27513 US

I hereby 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 all other like empowered.

**SIGNATURE:** T MARK BASSETT

S/T

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date