


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90048 025 ***150.00

DOCUMENT # P02000103848 1. Entity Name MED PROFIT PLUS, INC.			
Principal Place of Business 2535 MULBERRY TERRACE SARASOTA, FL 34236 US		Mailing Address P.O. BOX 4066 SARASOTA, FL 34236	
2. Principal Place of Business 15 Paradise Plaza #165		3. Mailing Address 15 Paradise Plaza #165	
Suite, Apt. #, etc. #165		Suite, Apt. #, etc. #165	
City & State Sarasota FL		City & State Sarasota FL	
- Zip 34239 - Country USA		- Zip 34239 - Country USA	
4. FEI Number 81-0576807		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAND, DAVID 2535 MULBERRY TERR SARASOTA, FL 34239		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15 Paradise Plaza #165 City SARASOTA FL Zip Code 34239	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>David N. Hand</i></u> DATE <u>4-20-04</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAND, LESLIE C 2535 MULBERRY TERRACE SARASOTA, FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. HAND, LESLIE C 15 Paradise Plaza, #165 Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAND, DAVID N 240 S. PINEAPPLE, SUITE # 704 SARASOTA, FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVID HAND 15 Paradise Plaza, #165 Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.			
SIGNATURE: <u><i>David N. Hand</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-20-04</u> Daytime Phone # <u>941-544-9713</u>	