

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90056 003 ***150.00

DOCUMENT # P05000102749 1. Entity Name MEDPLUS SOLUTIONS, INC.					
Principal Place of Business 8401 SW 107TH AVE UNIT 112E MIAMI, FL 33173			Mailing Address PO BOX 77-2001 MIAMI, FL 33177-2001		
2. Principal Place of Business - No P.O. Box # 15250 SW 134th Place Suite, Apt. #, etc. Miami, FL		3. Mailing Address PO BOX 77-2001 Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-3115530	
Zip 33177		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOKOLOW, CAROL L 9500 S. DADELAND BLVD. SUITE 700 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name RAYMOND VAVAL Street Address (P.O. Box Number is Not Acceptable) 15250 SW 134th Pl #112-- City MIAMI FL Zip Code 33177	
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>Raymond Vaval</i></u> DATE <u>4/16/2007</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D VILLAO, CHRISTIAN 8401 SW 107 AVE. #112-E MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAVAL, EVA 15250 SW 134 PLACE MIAMI, FL 33177	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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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"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.					
SIGNATURE: <u><i>Raymond Vaval</i></u> DATE <u>4/16/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					