

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

Zip
33177 Country

Zip
33177 Country

40000



01092007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**SOKOLOW, CAROL L
 9500 S. DADELAND BLVD. SUITE 700
 MIAMI, FL 33156**

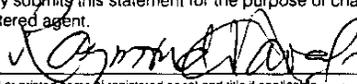
7. Name and Address of New Registered Agent

Name **RAYMOND VAVAL**

Street Address (P.O. Box Number is Not Acceptable)
15250 SW 134th #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  DATE **4/16/2007**

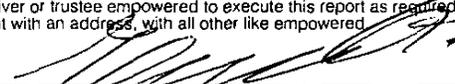
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$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 VILLO, CHRISTIAN 8401 SW 107 AVE. #112-E MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAVAL, EVA 15250 SW 134 PLACE MIAMI, FL 33177	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4/16/07** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR