

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90007 027 ***550.00

DOCUMENT # **P93000042386**

CORPORATION NAME
MED - PLUS UNLIMITED, INC.

Principal Place of Business
**NORTH ELM
SALLISAW OK 74955**

Mailing Address
**MAT. MADISON. TURNER. DANNA & MCKITRICK
150 N. MERAMEC. 4TH FLOOR
CLAYTON MO 63105**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1993

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
PSD MITCHELL, KELLY
2. ADDRESS
201 NORTH ELM
3. CITY-STATE-ZIP
SALLISAW OK 74955

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4. NAME
PSD MITCHELL, KELLY
5. ADDRESS
201 NORTH ELM
6. CITY-STATE-ZIP
SALLISAW OK 74955

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

7. NAME
PSD MITCHELL, KELLY
8. ADDRESS
201 NORTH ELM
9. CITY-STATE-ZIP
SALLISAW OK 74955

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

10. NAME
PSD MITCHELL, KELLY
11. ADDRESS
201 NORTH ELM
12. CITY-STATE-ZIP
SALLISAW OK 74955

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

13. NAME
PSD MITCHELL, KELLY
14. ADDRESS
201 NORTH ELM
15. CITY-STATE-ZIP
SALLISAW OK 74955

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

16. NAME
PSD MITCHELL, KELLY
17. ADDRESS
201 NORTH ELM
18. CITY-STATE-ZIP
SALLISAW OK 74955

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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 annual report or supplemental annual 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, its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of office or agent attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

8/30/99 918-775-6200

CR2E034 (5/99)