

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90142 042 \*\*\*150.00

0651968 AT

**DOCUMENT # P93000042386**

1. Entity Name  
**MED - PLUS UNLIMITED, INC.**



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

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

**11030108**



2. Principal Place of Business

**1771 International Prkwy**  
Suite, Apt. #, etc.

**Suite 121**

City & State

**Richardson, Texas**

Zip

**75081**

Country

**US**

3. Mailing Address

**1771 International Prkwy**  
Suite, Apt. #, etc.

**Suite 121**

City & State

**Richardson, Texas**

Zip

**75081**

Country

**US**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3187261**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete  
NAME **MITCHELL, KELLY**  
STREET ADDRESS **201 NORTH ELM**  
CITY-ST-ZIP **SALLISAW OK 74955**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition  
NAME **Mitchell, Kelly**  
STREET ADDRESS **1771 International Parkway Suite 121**  
CITY-ST-ZIP **Richardson, TX 75081**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 a former name empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/2003 972-479-0844**  
Date Daytime Phone #

CR2E034 (10/02)