

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000005504

FILED
Mar 06, 2009
Secretary of State

Entity Name: MEDPLUS MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

4054 SAWYER ROAD
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

PO BOX 25368
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 65-0900154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZITANI, GREGORY A
4046 SAWYER RD., STE. D
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KOMPOTHECRAS, GARY
Address: 4054 SAWYER ROAD
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KOMPOTHECRAS, GARY
Address: 4054 SAWYER ROAD
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY KOMPOTHECRAS

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03/06/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date