2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# P99000031105

Entity Name: MEDICAL OFFICE RESOURCES, INC.

Current Principal Place of Business:

3601 SW 2ND AVE
STE U
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

3601 SW 2ND AVE
STE U
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 65-0910299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMALL, JAMES
3601 SW 2ND AVE
STE U
GAINESVILLE, FL 32607 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SMALL, MARTHA
Address: 8521 SW 55TH PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete
Name: SMALL, JAMES M
Address: 8521 SW 55TH PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: DS ( ) Delete
Name: MENNINGER, LEIGH M
Address: 1105 FORT CLARKE BLVD., APT. 610
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: MENNINGER, LEIGH M
Address: 2533 NW 140TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES M SMALL PRES 07/03/2006

Electronic Signature of Signing Officer or Director Date