

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000031105

Entity Name: MEDICAL OFFICE RESOURCES, INC.

FILED  
Jan 05, 2007  
Secretary of State

## 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:

PO BOX 141450  
GAINESVILLE, FL 32614

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:

SMALL, JAMES  
10478 SW 104 AVE  
GAINESVILLE, FL 32608 US

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: JAMES SMALL

01/05/2007

Electronic Signature of Registered Agent

Date

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SMALL, MARTHA  
Address: 10478 SW 104 AVE  
City-St-Zip: GAINESVILLE, FL 32608

Title: D (X) Change ( ) Addition  
Name: SMALL, JAMES M  
Address: 10478 SW 104 AVE  
City-St-Zip: GAINESVILLE, FL 32608

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

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 SMALL

D

01/05/2007

Electronic Signature of Signing Officer or Director

Date