

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S02451

FILED
Mar 18, 2005
Secretary of State

Entity Name: CHAMPUS PLUS OF FLORIDA, INC.

Current Principal Place of Business:

POST OFFICE BOX 450368
SUNRISE, FL 33345

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 450368
SUNRISE, FL 33345

New Mailing Address:

FEI Number: 59-3032334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUDD, LARRY
P.O. BOX 450368
SUNRISE, FL 33345 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: DP () Delete
Name: JUDD, LARRY,
Address: 108 MCKINLEY ST.
City-St-Zip: NICEVILLE, FL

Title: DV () Delete
Name: JUDD, VIOLETA B.,
Address: 108 MCKINLEY ST.
City-St-Zip: NICEVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: JUDD, LARRY,
Address: 1334 N.W. 127TH DRIVE
City-St-Zip: SUNRISE, FL 33323

Title: DV (X) Change () Addition
Name: JUDD, VIOLETA B.,
Address: 1334 N. W. 127TH DRIVE
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LARRY JUDD

DP

03/18/2005

Electronic Signature of Signing Officer or Director

Date