


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90022 030 \*\*\*150.00

**DOCUMENT # P01000089350**

1. Entity Name  
**MAS MEDICAL GROUP, INC.**



Principal Place of Business  
**3659 SO. MIAMI AVENUE SUITE 3003  
 MIAMI, FL 33133**

Mailing Address  
**3659 SO. MIAMI AVENUE SUITE 3003  
 MIAMI, FL 33133**

**94052171**



2. Principal Place of Business  
**3181 Coral Way  
 Suite, Apt. #, etc.  
 5th FLOOR**

3. Mailing Address  
**3181 Coral Way  
 Suite, Apt. #, etc.  
 5th FLOOR**

04052004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI, FL.**

City & State  
**MIAMI, FL.**

4. FEI Number  
**65-1144542**

Applied For  
 Not Applicable

Zip Country  
**33145 USA**

Zip Country  
**33145 USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MAS, RAFAEL J MD  
 3659 SOUTH MIAMI AVENUE  
 #3003  
 MIAMI, FL 33133**

7. Name and Address of New Registered Agent  
 Name **MAS, RAFAEL J. MD.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3181 CORAL WAY  
 5th FLOOR**  
 City **MIAMI FL.** FL Zip Code **33145**

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 *Rafael J. Mas*  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>MAS, RAFAEL J MD</b>	
STREET ADDRESS <b>3659 SOUTH MIAMI AVENUE, #3003</b>	
CITY-ST-ZIP <b>MIAMI, FL 33133</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>MAS, ILDEFONSO J</b>	
STREET ADDRESS <b>3659 SOUTH MIAMI AVENUE, #3003</b>	
CITY-ST-ZIP <b>MIAMI, FL 33133</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MAS, RAFAEL J. MD.</b>	
STREET ADDRESS <b>3181 Coral Way 5th FLOOR</b>	
CITY-ST-ZIP <b>MIAMI, FL. 33145</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MAS, ILDEFONSO J. MD.</b>	
STREET ADDRESS <b>3181 CORAL WAY 5th FL.</b>	
CITY-ST-ZIP <b>MIAMI FL. 33145</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Rafael J. Mas* **305-858-3494**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #