## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000089350

Entity Name: MAS MEDICAL GROUP, INC.

FILED Jan 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3181 CORAL WAY 5TH FLR. MIAMI, FL 33145

Current Mailing Address: New Mailing Address:

3181 CORAL WAY 5TH FLR. MIAMI, FL 33145

FEI Number: 65-1144542 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAS, RAFAEL J MD
3181 CORAL WAY
5TH FLR.
MIAMI, FL 33145 US

MAS, RAFAEL J MD
3181 CORAL WAY
5TH FLOOR
MIAMI, FL 33145 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: 01/23/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: PD (X) Change ( ) Addition

Name:MAS, RAFAEL J MDName:MAS, RAFAEL J MDAddress:3181 CORAL WAY, 5TH FLR.Address:3181 CORAL WAY, 5TH FLOOR

 City-St-Zip:
 MIAMI, FL 33145

 City-St-Zip:
 MIAMI, FL 33145

Title: VP () Delete Title: VP (X) Change () Addition

Name: MAS, ILDEFONSO J Name: MAS, ILDEFONSO J

Address: 3181 CORAL WAY, 5TH FLR. Address: 3181 CORAL WAY, 5TH FLOOR

City-St-Zip: MIAMI, FL 33145 City-St-Zip: MIAMI, FL 33145

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: RAFAEL J. MAS MD PD 01/23/2007