I hereby 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 all other like empowered.

PD

SIGNATURE: RAFAEL J. MAS MD

Electronic Signature of Signing Officer/Director Detail

### Name and Address of Current Registered Agent:

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	RAFAEL J. MAS, MD			02/21/2019
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PD	Title	VP	
Name	MAS, RAFAEL J MD	Name	MAS, ILDEFONSO J MD	
Address	3181 CORAL WAY 5TH FLOOR	Address	3181 CORAL WAY 5TH FLOOR	
City-State-Zip:	MIAMI FL 33145	City-State-Zip:	MIAMI FL 33145	

# 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000089350

Entity Name: MAS MEDICAL GROUP, INC.

### **Current Principal Place of Business:**

3181 CORAL WAY **5TH FLOOR** MIAMI, FL 33145

### **Current Mailing Address:**

3181 CORAL WAY **5TH FLOOR** MIAMI, FL 33145

## FEI Number: 65-1144542

02/21/2019

FILED Feb 21, 2019 Secretary of State 0966272726CC

Certificate of Status Desired: No

Date