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

<u>2021</u>	FLORIDA	PROFIT	CORPOR	ATION	ANNUAL	<u>REPORT</u>

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

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		01/05/2021			
	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			

FILED Jan 05, 2021 Secretary of State 4089776344CC

Certificate of Status Desired: No

01/05/2021