SIGNATURE: RAFAEL J. MAS, MD Electronic Signature of Registered Agent

### **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

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.

MAS, RAFAEL J MD

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

# DOCUMENT# P01000089350

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: MAS MEDICAL GROUP, INC.

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

## **Current Mailing Address:**

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

#### FEI Number: 65-1144542

# Name and Address of Current Registered Agent:

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 JOSE MAS

Electronic Signature of Signing Officer/Director Detail

FILED Jan 24, 2018 Secretary of State CC0439897474

Certificate of Status Desired: No

01/24/2018

01/24/2018

Date