

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000108003

**Entity Name:** MASS BROTHERS, INC.

**Current Principal Place of Business:**

C/O MORTON PLANT HOSPITAL  
8787 BRYAN DAIRY ROAD SUITE 110  
LARGO, FL 33777

**Current Mailing Address:**

C/O MORTON PLANT HOSPITAL  
8787 BRYAN DAIRY ROAD SUITE 110  
LARGO, FL 33777 US

**FEI Number:** 20-1394498

**Certificate of Status Desired:** No

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

FACKIH, NADER I  
8787 BRYAN DAIRY ROAD  
SUITE 110  
LARGO, FL 33777 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name FACKIH, AHLAM  
Address 8787 BRYAN DAIRY ROAD  
SUITE 110  
City-State-Zip: LARGO FL 33777

Title VP  
Name FACKIH, NADER I  
Address 8787 BRYAN DAIRY ROAD  
SUITE 110  
City-State-Zip: LARGO FL 33777

Title S  
Name FACKIH, MAJED NDR  
Address 8787 BRYAN DAIRY ROAD  
SUITE 110  
City-State-Zip: LARGO FL 33777

*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.*

**SIGNATURE:** NADER I. FACKIH

VP

03/06/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date