FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **605111** **(4)**

1. Corporation Name
HOWARD L. MASCO, M.D., P.A.

Principal Place of Business	Mailing Address
2404 US HWY. 19 P. O. BOX 3552 HOLIDAY FL 34691 US	2404 US HWY. 19 P. O. BOX 3552 HOLIDAY FL 34691 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/01/1974**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-1517594** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MASCO, HOWARD L.
5426 CRAFTS STREET
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name: Barbara J. Masco
82 Street Address (P.O. Box Number is Not Acceptable): 2404 U.S. Highway 19
83 Holiday, Fl 34691
84 City: Holiday **FL** 85 Zip Code: 34691

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Barbara J. Masco — 28 April 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	MASCO, HOWARD L	1.2 NAME	MASCO, BARBARA J.	
STREET ADDRESS	5426 CRAFTS STREET	1.3 STREET ADDRESS	967 PINE HILL RD	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	DVP, P	2.1 TITLE		☐ Change ☐ Addition
NAME	MASCO, BARBARA J	2.2 NAME		
STREET ADDRESS	967 PINEHILL RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara J. Masco personal representative — 28 April 1995 — (813) 943-9964
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #
for estate of Howard L. Masco, MD.

0973082 CP