PLEASE READ A	LL INSTRUCTIONS BEFOR	RE COMPLETING THIS FO	DRM.
PARTNERSHIP UBR DOCUMENT # A910000 Name of Limited Partnership THE MASE FAMILY L		FILE 02 NOV 15 SECRETARY OF	AM IC: O.S
10335 5 W. 71 AVE. Builte, Apt. #, etc. Bity & State MININI, FLORIDA	3. Mailing Office Address 4/0 LycT/5 MASD, ES Suite, Apt. #, etc. 80 5.W. 8 ST. #270 City & State MIRMI, Florina Country // S 39/30 urrent Registered Agent 7 #2700	4. Date Formed or Registered To Do Business in Florida 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED 7a. Capital Contributions as shown of State Contributions in Tot, with a minimum filing fee of \$5 for each year due this office. 2. Supplemental Fee(s): \$88.75 for each year due this office. 2. Supplemental Fee(s): \$88.75 for each year due this office. 3. Penalty Fee(s): \$500 penalty fee for Note: If the amount entered in 7b is supplemental Fee(s): \$800 penalty fee for Note: If the amount entered in 7b is supplemental Fee(s): \$800 penalty fee for Note: If the amount entered in 7b is supplemental Fee(s): \$800 penalty fee for Note: If the amount entered in 7b is supplemental Fee(s): \$800 penalty fee for Note: If the amount entered in 7b is supplemental Fee(s): \$800 penalty fee for Note: If the amount entered in 7b is supplemental Fee(s): \$800 penalty fee for Note: If the amount entered in 7b is supplemental Fee(s): \$800 penalty fee for Note: If the amount entered in 7b is supplemental Fee(s): \$800 penalty fee for Note: If the amount entered in 7b is supplemental Fee(s): \$800 penalty fee for Note: If the amount entered in 7b is supplemental Fee(s): \$800 penalty fee for Note: If the amount entered in 7b is supplemental Fee(s): \$800 penalty fee for Note: If the amount entered in 7b is supplemental Fee(s): \$800 penalty fee for Note: If the amount entered in 7b is supplemental Fee(s): \$800 penalty fee for Note: If the amount entered in 7b is supplemental Fee(s): \$800 penalty fee for Note: If the amount entered in 7b is supplemental Fee(s): \$800 penalty fee for Note: If the amount entered in 7b is supplemental Fee(s): \$800 penalty fee for Note: If the Amount entered in 7b is supplemental Fee(s): \$800 penalty fee for Note: If the Amount entered in 7b is supplemental Fee(s): \$800 penalty fee for Note: If the Amount entered in 7b is supplemental Fee(s): \$800 penalty	n Record: n FLORIDA to date: 7 per \$1,000 on amount entered 2.50 and a maximum of \$437.50, th year due this office, beginning each year report form is delinquent.
Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such mange was authorized by its general partner(s). I hereby accept the appointment of registered agent, and accept the obligations of section 620.192, Florida Statutes. A GENERAL PARTNER THAT IS A CORPORATION LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10. Name(s) of General Partner(s) MASE, DIRREL J., Vr.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10335 - 5- W. 715 AVENUE	City State and Zip Code MINMI, Florian 33156	10a. Registration Document Number
2002	By	20000901 11/15/02010200	9162 108 **526.25

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

DATE

DATE

Note: General partners MAY NOTE changed on this form; an amendment must be filed to change a general partner.

Typed or Printed Name of General Partner Signing Form

Telephone Number 305-377-3770

October 28, 2002

Florida Department of Revenue Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Re:

Darrel J. Mase, Jr., M.D., P.A.

F.E.I.: 59-1492324

The Mase Family Limited Partnership

F.E.I.: 65-0736951

OZ NOV 15 AN IO 08
SECREMANASSEE FLORIDA

Gentlemen:

I just returned from out of town to find reinstatement notices for both my family limited partnership and my professional association as captioned. This is first I had seen of any correspondence from the State of Florida with respect to either entity. Please note on the Application for Reinstatement for Darrel J. Mase, Jr., M.D., P.A. that the zip code is wrong which may have caused the previous notices not to reach the mailing destination, my home. I have enclosed two checks one in the amount of \$150.00 made payable to Florida Department of State to reinstate Darrel J. Mase, Jr., M.D., P.A. and another check in the amount of \$526.25 also made payable to Florida Department of State to reinstate The Mase Family Limited Partnership.

MIAMI, FL 33156

I would request that based upon the bad mailing address as well as my being out of town all summer that you abate all penalties due to reasonable cause.

Thank you for your cooperation and please note that if you need to contact me again that I have changed my mailing address in care of my attorney to ensure receipt of all future correspondence.

7 / Man / MM,

Very truly yours,

Darrel J. Mase, Jr., MD.

By