2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000047631

BORYS A. MASCARENHAS, M.D., P.A.



Principal Place of Business

5012 GREENBRIAR TRAIL MT. DORA, FL 32757

Mailing Address

P 0 BOX 558 MT. DORA, FL 32757

FILED Jan 16, 2007 8:00 am Secretary of State

01-16-2007 90212 001 ***150.00

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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

No Chg-P 01082007

CR2E034 (11/05)

4. FEI Number 41-2094142

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

MASCARENHAS, BORYS A MD 1879 NIGHTINGALE LANE

TAVARES, FL 32778

DO	NOT	WRITE
IN	THIS	SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			 :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASCARENHAS, BORYS A M.D. 5012 GREENBRIAR TRAIL MT. DORA, FL 32757					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
THILE NAME STREET ADDRESS CITY-ST-ZIP	ME Reet address			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-S1-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					19, Florida Statutes. I further certify that the information	

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR