2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILE D  ON ACT - 7 PN 1: 41  SERVINOR MARIO MASSERANO, M.D., P.A.  SERVIN VENETIA N  DERAY PEACH FL. SAR4  SERVIN VENETIA N  ADDITION SERVIN VENETIA N  DERAY PEACH FL. SAR4  SERVIN VENETIA N  SERVIN	ANNUAL REPURT (AR)						9/24/2004-90001-031-\$150.00-\$150.00				
Principal Place of Business Safety Na VENETIA N DELRAY BEACH PL 33464  2. Principal Place of Business Safety Na VENETIA N DELRAY BEACH PL 33464  2. Principal Place of Business Safety Na VENETIA N DELRAY BEACH PL 33464  2. Principal Place of Business Safety Na VENETIA N DELRAY BEACH PL 33464  2. Principal Place of Business Safety Na VENETIA N DELRAY BEACH PL 33464  2. Principal Place of Business Safety Na VENETIA N DELRAY BEACH PL 33464  2. Principal Place of Business Safety Na VENETIA N DELRAY BEACH PL 33464  2. Principal Place of Business Safety Na VENETIA N DELRAY BEACH PL 33464  2. Principal Place of Business Safety Na VENETIA N DELRAY BEACH PL 33464  3. Name and Address of University Replacement Agents  Name Applications SPECIAL & UTIFICRA PLA 1846 SW 22ND ST. 1846 SW 22ND							FILED				
SSEY V. V. PERTIA N. DELAY BEACH T. SABA  DELAY BEACH T. SABA  DELAY BEACH T. SABA  TALLAHASSEE, FLORIDA  TALLAHASSEE, FLORIDA  TALLAHASSEE, FLORIDA  DELAY BEACH T. SABA  Le Pointed of Business  Suite, Api. F. etc.  City & State  Country  Applied For  Inc. Applied For  In	MARIO MASSERANO, M.D., P.A.										
SSEY V. V. PERTIA N. DELAY BEACH T. SABA  DELAY BEACH T. SABA  DELAY BEACH T. SABA  TALLAHASSEE, FLORIDA  TALLAHASSEE, FLORIDA  TALLAHASSEE, FLORIDA  DELAY BEACH T. SABA  Le Pointed of Business  Suite, Api. F. etc.  City & State  Country  Applied For  Inc. Applied For  In	Principal Plac	ce of Business	Mailing Add	iress			ccan	ETADV AI	CTAT	E	
Sulley, ApJ, 8, etc.    Sulley, ApJ, 8, etc.   Sulley ApJ, 6, etc.	6392 VIA VENETIA N 6392 VIA VENETIA N					·	TALL/	AHASSEE,	FLOR	DA	
Sulley, ApJ, 8, etc.    Sulley, ApJ, 8, etc.   Sulley ApJ, 8, etc.   Sulley ApJ, 8, etc.   A, FEI, by mobile   A, ApJ, etc.   Sec. 20, 4, Avg.							MARI IN <b>11920</b> INSTRUMENT		ID BYTEL DYYDL YB'	9 <b>46</b> 1 # 1 <b>113</b>	
City & State  See Required  See Required  See Required  Fee Required  Fe	2. Principal F	Place of Business	3. Mailing A	ddress		·					
S. Name and Address of Current Registered Agent  S. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  SREGEL & UTRERA P.A.  BAVE WAS 2ND ST.  BAVE WAS 2ND							<u>`                                    </u>				
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  18. Name and Address of New Registered Agent  19. Name Agent Agent SEA Acceptable)  19. Name Agent Agent SEA Agent S	<u> </u>	<del></del>					-0338		No	t Applicable	
Name	Zip	Country	Zip 	Co	ou⊓try	5. Certificate	of Status Desired				
SPICECL & UTREEA, P.A.  1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145  8. The above named entity submiss this statement for the pursose of changing its registered agent, or both, in the State of Ploids. I am familiar with, and accept the obligators of registered agent, or both, in the State of Ploids. I am familiar with, and accept the obligators of registered agent, or both, in the State of Ploids. I am familiar with, and accept the obligators of registered agent, or both, in the State of Ploids. I am familiar with, and accept the obligators of registered agent, or both, in the State of Ploids. I am familiar with, and accept the obligators of registered agent, or both, in the State of Ploids. I am familiar with, and accept the obligators of registered agent, or both, in the State of Ploids. I am familiar with, and accept the obligators of registered agent, or both, in the State of Ploids. I am familiar with, and accept the obligators of registered agent, or both, in the State of Ploids. I am familiar with, and accept the obligators of registered agent, or both, in the State of Ploids. I am familiar with, and accept the obligators of registered agent, or both, in the State of Ploids. I am familiar with, and accept the obligators of registered agent, or both, in the State of Ploids. I am familiar with, and accept the obligators of registered agent, or both, in the State of Ploids. I am familiar with, and accept the state of Ploids. I am familiar with, and accept the state of Ploids. I am familiar with, and accept the state of Ploids. I am familiar with, and accept the state of Ploids. I am familiar with, and accept the state of Ploids. I am familiar with, and accept the state of Ploids. I am familiar with, and accept the state of Ploids. I am familiar with, and accept the state of Ploids. I am familiar with, and accept the state of Ploids. I am familiar with, and accept the state of Ploids. I am familiar with and accept the state of Ploids. I am familiar with and accurate manufactured on his acceptance of the supple		6. Name and Address	of Current Registered Age		7. Name and	Address of New					
THE LOCK MAMIFE 33145    Second Secon					Name AR	Name MASSERAND M.D.					
### FLOOR  ### Addition  ### Addition  ### Addition  ### Addition  ### Addition  ### Addition  #### Addition  #### Addition  #### Addition  #### Addition  #### Addition  #### Addition  ###################################	SPII	EGEL & UTRERA, P IO SW 22ND ST	<b>A.</b>								
B. The above named entity submiss his statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent and the I alpiculate.    FILE NOW!!!, FEE IS \$550.00   S.607.193(2(b), F.S., allows for the walver of the \$400.00   S.607.193(2(b), F.S., allows for the walver of the \$400.00   Trust Fund Contribution.   Added to Fees Make Check Rayable to Florida Department of State.   See by checking this box, the corporation certifies by did not receive prior notice. Fee to file is \$150.00.   See the state of the State of Florida Department of State.   See the State of Florida Statutes.   See the Florida Department of State.   See the State.   See the State.   See the Florida Department of State.   See the State.   See the State.	4TH FLOOR					6392 VIR VENETIA N					
B. The above named entity submiss his statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent and the I alpiculate.    FILE NOW!!!, FEE IS \$550.00   S.607.193(2(b), F.S., allows for the walver of the \$400.00   S.607.193(2(b), F.S., allows for the walver of the \$400.00   Trust Fund Contribution.   Added to Fees Make Check Rayable to Florida Department of State.   See by checking this box, the corporation certifies by did not receive prior notice. Fee to file is \$150.00.   See the state of the State of Florida Department of State.   See the State of Florida Statutes.   See the Florida Department of State.   See the State.   See the State.   See the Florida Department of State.   See the State.   See the State.	ļ				Sily A	4 BEACH		FL	Zip Code	184	
SIGNATURE    Square lyado a primor name of registers apple and los if applicable.   (NOTE Registers apple to primor inspect of the \$400.00			tatement for the purpose o	f changing its regis	tered office or re				niliar with.	and accept	
FILE NOW!!  FRE IS \$50.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State Unit BY SEPTEMBER 1, 2004 Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00 May September 8, 2004 Make Check Payable to Florida Department of State Unit BY SEPTEMBER 1, 2004 May September 8, 2004 Ma	the obligations of registered agent.										
FILE NOW!!! FEE IS \$55.00   S.607.193(2)(b), F.S. allows for the waiver of the \$400.00   DuE BY September 8, 2004   State less by checking this box, the corporation certifies at the state of the formation of State   State of the receive prior notice, Fee to file is \$150.00.											
Supplementary   Supplementar	PAGE AND THE PAGE										
10. OFFICERS AND DIFFECTORS 11. ADDITIONS / CHANGES TO OFFICERS AND DIFFECTORS IN 11  TITLE PSTD	DUE BY September 8, 2004   late lee. By checking this box, the corporation certifies in Trust Find Contribution   Trust Find Contribution										
TITLE MASE MASSERANO, MARIO M.D.   Delete   ITILE   MASSERANO, MARIO M.D.   Clarge   Addition   MASSERANO, MARIO M.D.   STREET ADDRESS   CITY-ST-2IP   Clarge   Addition   MASSERANO, MARIO M.D.   Clarge   Addition   MASSERANO, MASSE	13.5	1	a part of the section of the				/CHANGES TO OF	FICERS AND D	RECTORS	5 (N 11	
STREET ADDRESS CITY -ST- ZP TITLE MAKE STREET ADDRESS CITY -ST- ZP TITLE CITY -ST- ZP CITY -ST- ZP TITLE CITY -ST- ZP	THTLE	<del></del>		Delete 1	int.						
CITY-SI-ZIP  DELRAY BEACH FL 33484  CITY-SI-ZIP  ITILE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NA	-		A.D.	•	-						
TITLE Detate TITLE Detate TITLE DETAILS CITY-ST-ZP Addition NAME SITRET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP DETAILS CITY-ST-ZP DET	i		84								
NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET	ļ	DEBIAT BEAGITTE 354	······						7 Change	□ Addition	
CITY-ST-ZP  TITLE    Delete   TITLE     Change   Addition NAME   STREET ADDRESS   CITY-ST-ZP   TITLE   Delete   TITLE   Change   Addition NAME   NAME   Change   Addition NAME	1		·		J			L	_) crange	☐ Addition	
TITLE   Delete : TITLE   Change   Addition   NAME   STREET ADDRESS   TITLE   Delete   TITLE   TITLE   Delete   TITLE   TITLE   Delete   TITLE   NAME   STREET ADDRESS   TITLE   DELETE   DELETE   TITLE   DELETE   DEL					i i						
NAME SIRET ADRESS CITY-ST-ZIP  TITLE Delete TITLE SIRET ADDRESS CITY-ST-ZIP  TITLE SIRET ADDRESS CITY-ST-ZIP  TITLE SIRET ADDRESS CITY-ST-ZIP  TITLE NAME SIRET ADDRESS CITY-ST-ZIP  TITLE SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP  TITLE SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP  TITLE SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-	<del></del>	<u></u>			CITY-ST-ZIP						
CITY-ST-ZIP    CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   Addition     NAME	i		· . (			£ 12.	. ^.	· ·· [	] · Change ·	Addition-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO belete STREET ADDRESS CITY-ST-ZIP  TO be seemplion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on linis report or suppliemenyal 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 receiver or further 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 eddress, with all other like empowered.	STREET ADDRESS					<u></u>					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 orly usatee 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.	<del></del>										
STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME ST			ί			•			_] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  ITTLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 further exemption 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 priner like empowered.	ſ <sup>-</sup>			•	- 1						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 director 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 director 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 priner like empowered.	CITY-ST-ZIP				CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   ITTLE   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP    12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on linis 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 director 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 director and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all priner like empowered.	]		' [				. ^ '	\	☐ Change	Addition	
CITY-ST-ZIP  ITTLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 director than the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or director as the corporation of the receiver or director of the receiver of the receiver or director of the receiver of the rece	1	Ì			- 1		3) / JK	9/1			
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 sustee 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 priner like empowered.	1						M.	/ ,			
STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 sustee 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 priner like empowered.	TITLE		(	Delete 1	IIILE				] Change	Addition	
CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 dustee 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 priner like empowered.	ſ			•	- (	٠	•				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 dustee 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 priner like empowered.	1				1		. •				
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 frustee 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 eddress, with all giner like empowered.		certify that the information s	ionlied with this filing door			in Section 119 07(2)	(i) Florida Statidas	Liturther certifu	that the in	tormation	
$\sim$ 1/1.4 $\sim$ 7/4 $\sim$ 4 $\sim$ 4	indicated	on this report or supplemen	Mal report is true and accur	ate and that my sig	nature shall have	the same legal effe	ct as if made under	oath: that I am	an officer	or director	
		TURE:	iano lua	sserac	_						