

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000115658	
1. Entity Name MARIO MASSERANO, M.D., P.A.	

Principal Place of Business 6392 VIA VENETIA N DELRAY BEACH, FL 33484	Mailing Address 6392 VIA VENETIA N DELRAY BEACH, FL 33484
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DO NOT WRITE IN THIS SPACE



05092005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0338471	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MASSERANO, MARIO MD
6392 VIA VENETIA N
DELRAY BEACH, FL 33484**

**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

Mario Masserano

5/6/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MASSERANO, MARIO M.D. 6392 VIA VENETIA N DELRAY BEACH, FL 33484
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UN0000365872
05/11/05-80020-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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: *Mario Masserano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/05

Date

5619260081

Daytime Phone #