2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# P03000115658

Entity Name: MARIO MASSERANO, M.D., P.A.

Current Principal Place of Business:

6392 VIA VENETIA N
DELRAY BEACH, FL 33484

New Principal Place of Business:

1015 MIRAMAR DR
DELRAY BEACH, FL 33483

Current Mailing Address:

6392 VIA VENETIA N
DELRAY BEACH, FL 33484

New Mailing Address:

5805 BLUE LAGOON DR
STE 200
MIAMI, FL 33126

FEI Number: 20-0338471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

AG CORPORATE SERVICES, LLC
5805 BLUE LAGOON DR
STE 200
MIAMI, FL 33126 US

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.

SIGNATURE: DOMINGO ALONSO 06/23/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: MASSERANO, MARIO M.D.
Address: 6392 VIA VENETIA N
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: MASSERANO, MARIO M.D.
Address: 6392 VIA VENETIA NORTH
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO MASSERANO MD PSTD 06/23/2009
Electronic Signature of Signing Officer or Director Date