2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P0/000108003

| Feb 14, 2005 8:00 am |
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| Secretary of State |
| 02-14-2005 90038 021 ***150.00 |

FILED

| 1. Entity Nam MASS BR | NIENT # F04000 TOO ROTHERS, INC. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | |
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| Principal Place of Business | | Mailing Address | | 40017330 | | | | | |
| C/O MORTON PLANT HOSPITAL 8787 BRYAN DAIRY ROAD LARGO, FL 33777 | | C/O MORTON PLANT HOSPITAL 8787 BRYAN DAIRY ROAD LARGO, FL 33777 | | E IPRIKRAL IN A | | . NON SOIS. 10 |) | IERI (I IRRI | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01172005 | Chg-P | CR2E0 | 34 (10/03) | | |
| City & State | | City & State | | 4. FEI Number | 1394498 | ? | | plied For t Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate o | Status Desired | | \$8.75 Add Fee Require | litional |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and | Address of New Re | | | <u>-</u> |
| FACKIH, MAJED N DR. | | | Nan | ne | | | | | |
| 6996 DUNCANSBY AVENUE N ST PETERSBURG, FL 33709 | | | Stre | et Address (| P.O. Box Number | is Not Acceptable) | | | |
| | | | | | \ | | | | |
| | | | City | | | | FL | Zip Code | 3 |
| 8. The above the obligat | named entity submits this statement for ions of registered agent. | or the purpose of changing its | registered offic | e or register | red agent, or both | , in the State of Flor | ida. I am f | amiliar with, | and accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent | and title if applicable. (NOTE | : Registered Agent s | ignature required | d when reinstating) | | DATE | · · · · · · · · · · · · · · · · · · · | |
| | E NOW!!! FEE IS \$150.00 | 9. Election Campai | on Financino | \$5 | .00 May Be | | | | |
| Aiterma | ay 1, 2005 Fee will be \$550. | 00 Trust Fund Contr | | ☐ Add | led to Fees | | | | |
| 10. | OFFICERS AND | DIRECTORS | ribution. | ☐ Add | led to Fees | CHANGES TO OFFI | CERS AND | _ | |
| | | | ribution. | Add | led to Fees | CHANGES TO OFFI | CERS AND | DIRECTORS | S IN 11 |
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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.

| Constitute and true and contains the contain

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR