

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 SEP 17 AM 8:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

MASON AVENUE MEDICAL, INC.
 P95000036042

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 BEVILLE RD # 202
 Suite, Apt. #, etc.

3. Mailing Address

SAME
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

S. DAYTONA, FL

City & State

4. FEI Number

65-0599157

Applied For

Not Applicable

Zip

32119

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name DAVID GOLDSTEIN

Street Address (P.O. Box Number is Not Acceptable)
 23462 PATERA AVENUE

City PORT CHARLOTTE

FL

Zip Code 33980

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.

SIGNATURE

David B. Goldstein David B. Goldstein

9/11/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D/S
 NAME DAVID GOLDSTEIN
 STREET ADDRESS 23462 PATERA AVENUE
 CITY-ST-ZIP PORT CHARLOTTE, FL 33980

TITLE
 NAME
 STREET ADDRESS 000007858080--0
 CITY-ST-ZIP -09/19/02--01095--003
 *****61.25 *****61.25

TITLE D/P
 NAME ROBERTA ADAMS
 STREET ADDRESS 801 BEVILLE RD # 202
 CITY-ST-ZIP S. DAYTONA, FL 32119

TITLE
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roberta K Adams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/02

Date

941-629-4227

Daytime Phone #