

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000036642

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** MASON AVENUE MEDICAL, INC.

**Current Principal Place of Business:**

2323 S. BABCOCK STREET  
SUITE B  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

2323 S. BABCOCK STREET  
SUITE B  
MELBOURNE, FL 32901

**New Mailing Address:**

**FEI Number:** 65-0599157      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GALEWSKI, STANLEY ESQ.  
201 E. KENNEDY BOULEVARD  
#760  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

GALEWSKI LAW GROUP  
1112 E. KENNEDY BOULEVARD  
TAMPA, FL 33602 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: STANLEY GALEWSKI, ESQ.

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BJILSKE, SANYA  
**Address:** 2323 S. BABCOCK STREET, SUITE B  
**City-St-Zip:** MELBOURNE, FL 32901 US

I hereby 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 all other like empowered.

SIGNATURE: SANYA BJILSKE

D

04/26/2011

Electronic Signature of Signing Officer or Director

Date