

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000095025 (9)

1. Corporation Name

MASSOUD MEDICAL GROUP, INC.



Principal Place of Business

3901 SW 47TH AVE
SUITE 405
FT LAUDERDALE FL 33314

Mailing Address

3901 SW 47TH AVE
SUITE 405
FT LAUDERDALE FL 33314

2. Principal Place of Business

2a. Mailing Address

21 2828 S. Seacrest Blvd

26 One Hook Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 102

27

City & State

City & State

23 Boynton Beach, FL

28 Sharon Hill, PA

Zip Country

Zip Country

24 33435

25 Palm Beach

29 19079

30 Delaware

3. Date Incorporated or Qualified

12/12/1995

3a. Date of Last Report

n/a

4. FEI Number

65-0635130

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$6.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARPENTER, KARON
3901 SW 47TH AVE
SUITE 405
FT LAUDERDALE FL 33314

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
MIRRA, RAYMOND A JR
STREET ADDRESS
3901 SW 47TH AVE, SUITE 405
CITY-ST-ZIP
FT LAUDERDALE FL 33314

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition

1.2 NAME
Mirra, Raymond A. Jr.
1.3 STREET ADDRESS
2932 North Atlantic Blvd.
1.4 CITY-ST-ZIP
Ft. Lauderdale, FL 33308

2.1 TITLE Secretary ☐ Change ☒ Addition

2.2 NAME
Mohnacs, John P.
2.3 STREET ADDRESS
One Hook Rd.
2.4 CITY-ST-ZIP
Sharon Hill, PA 19079

3.1 TITLE Treasurer/CFO ☐ Change ☒ Addition

3.2 NAME
Battaglia, Victor
3.3 STREET ADDRESS
One Hook Rd.
3.4 CITY-ST-ZIP
Sharon Hill, PA 19079

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

900001728889
-03/01/96--01021-014
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on a separate attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

610-586-8514

CR2E034 (12/95)