

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 08:00 AM
Secretary of State

| | | | | | |
|--|---|---------------------------------|--|--|--|
| DOCUMENT # P97000082558 1. Entity Name DAVID S. MASON, M.D., P.A. | | | | | |
| Principal Place of Business 4710 N HABANA AVE SUITE 403 TAMPA FL 33614 | | | Mailing Address 4710 N HABANA AVE SUITE 403 TAMPA FL 33614 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-3471032 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MASON, DAVID S 4710 N HABANA AVE SUITE 403 TAMPA FL 33614 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when testating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing \$5.00 Added to F. Trust Fund Contribution. <input type="checkbox"/> | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MASON, M.D. P DAVID S 4710 N HABANA AVE STE 403 TAMPA FL 33614 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | UN00000282290 03/31/05-80037-009 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 changed, or on an attachment with an address, with all other information empowered. | | | | | |
| SIGNATURE: _____ | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____ | | | | | |