

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000074760

1. Corporation Name

MIGUEL ANGEL MAS, JR. M.D., F.A.A.P., P.A.

Principal Place of Business

1955 US 1 SOUTH  
ST AUGUSTINE FL 32086

Mailing Address

1955 US 1 SOUTH  
ST AUGUSTINE FL 32086

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90165 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/24/1998

4. FEI Number

59-354464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 ~~1955 US 1 SOUTH~~ 300 Health Park Blvd.

Suite, Apt. #, etc.

22 Suite 3006

23 City & State  
St. Augustine FL

24 Zip Country  
32086 St. Johns

2a. Mailing Address

26 P.O. Box 4516

Suite, Apt. #, etc.

27 City & State  
St. Augustine FL

28 Zip Country  
32085 St. Johns

9. Name and Address of Current Registered Agent

MCLEOD, ROBERT L  
43 CINCINNATI AVE  
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

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 P ☐ DELETE

NAME MAS, MIGUEL A JR  
STREET ADDRESS 1955 US 1 SOUTH  
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE SVT ☐ DELETE

NAME MAS, ELIZABETH A  
STREET ADDRESS 1955 US 1 SOUTH  
CITY-ST-ZIP ST AUGUSTINE FL 32086

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

300 Health Park Blvd. Suite 3006

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

300 Health Park Blvd, Suite 3006

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 an attachment with an address, with all other like empowered.

SIGNATURE:

M. A. MAS, JR. P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99

Date

904-825-1500

Daytime Phone #

CR2E034 (11/98)