

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
CORPORATIONS

1995-25-95

B-7939-C

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # V23511 (1)

1. Corporation Name

JAMES L. MASON, M.D., P.A.

Principal Place of Business

Mailing Address

1609 PASADENA AVE S
SUITE 4M
ST PETERSBURG FL 33707

1609 PASADENA AVE S
SUITE 4M
ST PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/01/1992
3a. Date of Last Report 04/21/1994

4. FEI Number 59-3115252
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 has liability for intangible tax under s. 194 U.S. Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 1615 PASADENA AVE. So.

26 1615 PASADENA AVE So

22 SUITE 400

27 SUITE 400

23 ST PETERSBURG FL

28 ST PETERSBURG, FL

24 33707 25 USA

29 33707 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASON, JAMES L.
1609 PASADENA AVE S
SUITE 4M
ST PETERSBURG FL 33707

81 Name JAMES L. MASON
82 Street Address (P.O. Box Number is Not Acceptable) 1615 PASADENA AVE So
83 SUITE 400
84 City ST PETERSBURG FL 85 Zip Code 33707

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) (Name) (Printed Name) (Registered agent and title) (Applicant)

(Date) (Registered Agent) (Signature) (Registered agent) (Date)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MASON, JAMES L
STREET ADDRESS	1609 PASADENA AVE S #4M
CITY, ST, ZIP	ST PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	JAMES L. MASON	
1. STREET ADDRESS	1615 PASADENA AVE SO, SUITE 400	
1. CITY, ST, ZIP	ST PETERSBURG FL 33707	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
2. STREET ADDRESS		
2. CITY, ST, ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		
3. STREET ADDRESS		
3. CITY, ST, ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
4. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, ZIP		

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 an attachment with an address.

SIGNATURE: *James L. Mason, M.D. PA* *owner president 7/25/95* (813) 381-1481

CR2E034 (3-95)