

**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 # **V23511 (1)**

1. Corporation Name  
**JAMES L. MASON, M.D., P.A.**



Principal Place of Business  
**1615 PASADENA AVE S  
STE 400  
ST PETERSBURG FL 33707  
US**

Mailing Address  
**1615 PASADENA AVE  
STE 400  
ST PETERSBURG FL 33707  
US**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26 3820 GULF BLVD**

22 ~~PENTHOUSE 1~~  
27 **PENTHOUSE 1**

23 City & State  
**28 ST PETE BCH, FL**

24 Zip  
**25** Country  
**29 33706 30 USA**

3. Date Incorporated or Qualified  
**04/01/1992**

3a. Date of Last Report  
**07/25/1995**

4. FEI Number  
**59-3115252**

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. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MASON, JAMES L.  
1615 PASADENA AVE S  
STE 400  
ST PETERSBURG FL 33707**

10. Name and Address of New Registered Agent  
**81 Name JAMES L. MASON**  
**82 Street Address (P.O. Box Number Not Acceptable) 3820 GULF BLVD**  
**83 PENTHOUSE 1**  
**84 ST PETE BCH FL 85 Zip Code 33706**

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 607.0506, Florida Statutes.

SIGNATURE *James L. Mason, M.D., P.A.* DATE **4/17/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MASON, JAMES L</b>	
STREET ADDRESS	<b>1615 PASADENA AVE S</b>	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>JAMES L. MASON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>3820 GULF BLVD, PENTHOUSE 1</b>	
1.3 STREET ADDRESS	<b>ST PETE BCH, FL. 33706</b>	
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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., P.A.* DATE **4/17/96** (813) 3811481  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)