

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000010340

**Entity Name:** M.A.S.T. @ HOMESTEAD PTO, INC.

**Current Principal Place of Business:**

1220 NW 1ST AVE  
HOMESTEAD, FL 33030

**Current Mailing Address:**

1220 NW 1ST AVE  
HOMESTEAD, FL 33030

**FEI Number:** 27-3518381

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GLADNEY, ARTHUR  
1220 NW 1ST AVE  
HOMESTEAD, FL 33030 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name GLADNEY, ARTHUR  
Address 1220 NW 1ST AVE  
City-State-Zip: HOMESTEAD FL 33030

Title VD  
Name ERDOZAIN, ROSEMARY  
Address 1220 NW 1ST AVE  
City-State-Zip: HOMESTEAD FL 33030

Title TD  
Name O'CONNER, KATHY  
Address 1220 NW 1ST AVE  
City-State-Zip: HOMESTEAD FL 33030

Title SD  
Name GLADNEY, SHAWNA  
Address 1220 NW 1ST AVE  
City-State-Zip: HOMESTEAD FL 33030

Title PD  
Name RAMOS-TOCA, ISABEL  
Address 1220 NW 1ST AVE  
City-State-Zip: HOMESTEAD FL 33030

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARTHUR GLADNEY

**PRESIDENT**

**05/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date