

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000063941

**Entity Name:** MASTER SUPPLEMENTAL, INC.

**Current Principal Place of Business:**

601 GOLDEN DAWN LANE  
APOPKA, FL 32712

**Current Mailing Address:**

1385 W STATE ROAD 434  
SUITE 101 F  
LONGWOOD, FL 32750

**FEI Number:** 47-2936191

**Certificate of Status Desired:** No

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

BUCHANAN, MONICA D  
1385 W STATE ROAD 434  
SUITE 101 G  
LONGWOOD, FL 32750 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 P  
Name OBESO, CARL E  
Address 601 GOLDEN DAWN LANE  
City-State-Zip: APOPKA FL 32712

Title VP  
Name TOBER, SCOTT M  
Address 1385 W STATE ROAD 434 STE 101 F  
City-State-Zip: LONGWOOD FK 32750

Title T  
Name TOBER, SCOTT M  
Address 1385 W STATE ROAD 434 STE 101 F  
City-State-Zip: LONGWOOD FL 32750

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** SCOTT M TOBER

VP

05/01/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date