

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096443 (3)

1. Corporation Name

MARBLE MEDICAL, INC.



Principal Place of Business

1951 RAYMOND DIEHL BUSINESS LANE
TALLAHASSEE FL 32308

Mailing Address

1951 RAYMOND DIEHL BUSINESS LANE
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified
12/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

59-3350278

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. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

AUDIE, JOSEPH J JR.
1951 RAYMOND DIEHL BUSINESS LANE
TALLAHASSEE FL 32308

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 (delete if applicable)

(delete) Registered Agent (delete) where required when heretofore

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRESIDENT / DIRECTOR
JOSEPH J. AUDIE JR.

DELETE

SAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SEC. / TREASURER / DIRECTOR
DEAN O. DE LAMAR

DELETE

SAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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SIGNATURE:

Handwritten Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-96

904-385-4441

Date

Daytime Phone #

CR2E034 (12/95)