# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 05, 2011**
**Secretary of State**

DOCUMENT# P95000096443

**Entity Name:** MARBLE MEDICAL, INC.

**Current Principal Place of Business:**

3472 WEEMS ROAD
SUITE 2
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

3472 WEEMS ROAD
SUITE 2
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number: 59-3350278** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

AUDIE, JOSEPH J JR.
3472 WEEMS RD SUITE 2
TALLAHASSEE, FL 32317 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD
Name: AUDIE, JOSEPH J JR
Address: 3472 WEEMS RD SUITE 2
City-St-Zip: TALLAHASSEE, FL 32317

Title: VSTD
Name: HEWETT, BRADLEY
Address: 3472 WEEMS RD SUITE 2
City-St-Zip: TALLAHASSEE, FL 32317

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: JOSEPH J AUDIE JR PD 04/05/2011

Electronic Signature of Signing Officer or Director Date