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Sandra B. Morham
Secretary of State

(4)

MARCO LABORATORIES, INC.

Mailing Address

411 SOUTHEAST 82ND PLACE
OCALA FL 34480
US

2a. Mailing Address

26] Suite, Apt. #, etc.

City & State

28 | Zip | Country

3. Date Incorporated or Qualified
06/08/1990

3a. Date of Last Report
05/01/1995

4. FBI Number
59-3015706

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

1000

City

City _____ EL 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

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OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.

1 1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

[illegible]

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)(b), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/96 SS2/237/8880

CR2E034 (12/95)