DOCUMENT # P0000088754 1. Entity Name A MARBLE M.D. INC.						FILED Feb 08, 2001 8:00 am Secretary of State 02-08-2001 90016 024 ***150.00					
Principal Place of Business 6189 TAYLOR RD. #5 NAPLES FL 34109		Mailing Address 6189 TAYLOR RD. #5 NAPLES FL 34109				: 182 1/ 88 / 166			- 16161 (PII) 18 501 2	(*) B184 /821	
2. Principal Place of Business		3. Mailing Address			_						
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WE	ITE IN THI	S SPACE		
City & State		City & State			4. F	El Number	-3672	807	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Coun	try	5. C		Status Desired		\$8.75 Add		
	6. Name and Address of Curron	t Registered Agent		*	7, N	ame and A	dress of New	Registere	d Agent		
ALBERT, JAMES P 1901 J+C BLVD. NAPLES FL 34109				Street Addre	ess (P.O. Bo	:. ox Number i	s Not Acceptat	ole)			
		ere in		City	, .	•		F	Zip Cod	e	
9. This corpo	Signature, typed or printed name of registered agen pration is eligible to satisfy its Intangibl requirement and elects to do so.		!!! FEE 01 Fee	will be \$550.	.00	10. Electi	on Campaign F		\$5.0	00 May Be	
11.	OFFICERS AND	DIRECTORS	12.		ADI	DITIONS/C	IANGES TO OF	FICERS A	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D ALBERT, JAMES P 1901 J+C BLVD. NAPLES FL 34109	☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	Я			** ** ***			☐ Change	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP		Delete	CITY	E ET ADDRESS - ST- ZIP			and applications and a		Change 1	Addition	
indicated	certify that the information supplied wit on this report or supplemental report poration or the receiver or truster after , or on an attachment with an actuals.	id true and accurate and that d	av sidnai	ilite shali have	the same is	edal effect a	s it made unde	r oatn: toat	i am an oilicei	or anector :	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytome Phone #											