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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:38

DOCUMENT # P94000076182 (2)

1. Corporation Name

BACKBONE MEDICAL CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

702 13TH ST #108  
MIAMI BEACH FL 33139-SILB  
ER

Mailing Address

702 13TH ST #108  
MIAMI BEACH FL 33139-SILB  
ER

3. Date Incorporated or Qualified  
10/17/1994

3a. Date of Last Report  
10/94

2. Principal Place of Business

21 5951 NW 15th STREET

2a. Mailing Address

26 5951 NW 15th STREET

4. FEI Number  
65-0529811

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
#36

27 Suite, Apt. #, etc.  
#36

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State  
MIAMI LAKES, FL

28 City & State  
MIAMI LAKES, FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip  
33014

25 Country  
USA

29 Zip  
33014

30 Country  
USA

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

9. Name and Address of Current Registered Agent

SILBERMAN, GARY ESQ  
1750 NE 167TH ST SUITE 1530  
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
D  
NAME  
MASHBURN, M LAINE JR  
STREET ADDRESS  
702 13TH ST #108  
CITY-ST-ZIP  
MIAMI BEACH FL 33139-SILB

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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 on an attachment with an address.

SIGNATURE:

*M. Laine Mashburn, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
M. LAINE MASHBURN, JR.

01/25/95 (305) 477-8036  
DATE (Type or Print Name)