

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V33356** (9)

1. Corporation Name

MARTECH MILLER LASER IMAGING, INC.



Principal Place of Business

**10360 72ND STREET N.
STE. 806
LARGO FL 34647
US**

Mailing Address

**10360 72ND STREET N
STE. 806
LARGO FL 34647
US**

2. Principal Place of Business

21 **7273 BRYAN DAIRY RD.**

Suite, Apt. #, etc.

22 **LARGO, FL**

23 **34647**

24 **PINELLAS**

2a. Mailing Address

26 **7273 BRYAN DAIRY RD.**

Suite, Apt. #, etc.

27 **LARGO, FL**

28 **34647**

29 **PINELLAS**

3. Date Incorporated or Qualified
05/01/1992

3a. Date of Last Report
04/20/1995

4. FEI Number

59-3128333

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

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

9. Name and Address of Current Registered Agent

**FOX, JEFF
18167 US 19 NORTH
#101 - #150
CLEARWATER FL 34624**

81 Name

FOX, JEFF

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

18167 US 19 N.

83

Suite 150

84 City

Clearwater

FL

85 Zip Code

34624

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 of officer or director required when appointing or resigning as registered agent.

Signature of Registered Agent required when resigning.

DATE

4/14/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P WYATT, MARK F**
STREET ADDRESS **4950 PARSON BROWN LN.**
CITY - ST - ZIP **PALM HARBOR FL**

TITLE ☐ DELETE

NAME **VP MILLER, MARTIN T**
STREET ADDRESS **1979 SUMMITT DR.**
CITY - ST - ZIP **DUNEDIN FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
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:

Mark Wyatt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

Date

813-547-0877

Director's Phone #

CR2E034 (12/95)