


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90058 031 ****50.00

DOCUMENT # L02000024780					
1. Entity Name MEDICAL RESOURCES, LLC					
Principal Place of Business 1175 S. U.S. HWY. 1 VERO BEACH, FL 32962		Mailing Address 1175 S. U.S. HWY. 1 VERO BEACH, FL 32962			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number APPLIED FOR 20-0715315	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLODIG, GREGORY J GREENSPOON, MARDER, HIRSCHFELD ET AL 100 WEST CYPRESS CREEK ROAD, SUITE 700 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JANKE, WALTER 1175 S. U.S. HWY. 1 VERO BEACH, FL 32962	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Janke, Lalita 1175 S. US Hwy 1 Vero Beach FL 32962	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Walter H. Janke</u> Date: <u>04-19-04</u> Daytime Phone #: <u>772-410-1101</u>					

24056766



03312004 Chg-LLC CR2E083 (10/03)

Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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Due by May 1, 2004

Make check payable to
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SIGNATURE: Walter H. Janke Date: 04-19-04 Daytime Phone #: 772-410-1101