

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024780

FILED  
May 10, 2006  
Secretary of State

Entity Name: MEDICAL RESOURCES, LLC

**Current Principal Place of Business:**

1175 S. U.S. HWY. 1  
VERO BEACH, FL 32962

**New Principal Place of Business:**

**Current Mailing Address:**

1175 S. U.S. HWY. 1  
VERO BEACH, FL 32962

**New Mailing Address:**

FEI Number: 20-0715315      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BLODIG, GREGORY J  
GREENSPOON, MARDER, HIRSCHFELD ET AL  
100 WEST CYPRESS CREEK ROAD, SUITE 700  
FORT LAUDERDALE, FL 33309 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JANKE, WALTER  
Address: 1175 S. U.S. HWY. 1  
City-St-Zip: VERO BEACH, FL 32962

Title: MGR ( ) Delete  
Name: JANKE, LALITA  
Address: 1175 S. US HWY 1  
City-St-Zip: VERO BEACH, FL 32962

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WALTER JANKE

M

05/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date