

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000024780

Entity Name: MEDICAL RESOURCES, LLC

FILED
Jul 06, 2007
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

2055 SOUTH US HWY 1
VERO BEACH, FL 32962

Current Mailing Address:

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

New Mailing Address:

2055 SOUTH US HWY 1
VERO BEACH, FL 32962

FEI Number: 20-0191208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

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: MGR (X) Change () Addition
Name: JANKE, WALTER
Address: 2055 SOUTH US HWY 1
City-St-Zip: VERO BEACH, FL 32962

Title: MGR (X) Change () Addition
Name: JANKE, LALITA
Address: 2055 SOUTH US HWY 1
City-St-Zip: VERO BEACH, FL 32962

I hereby certify that the information supplied with this filing does not qualify 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

MGR

07/06/2007

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