


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000000691 1. Entity Name PATIENT RESOURCES COMPANY	
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Principal Place of Business 75 MAIDEN LANE 7TH FLOOR NEW YORK, NY 10038	Mailing Address 75 MAIDEN LANE 7TH FLOOR NEW YORK, NY 10038
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3273887	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLESSING, GEORGE 75 MAIDEN LANE NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PENG, STEPHEN 75 MAIDEN LANE NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BARRETT, CAROLINE M 75 MAIDEN LANE NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPERMAN, ROBERT M 75 MAIDEN LANE NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALVIN, JAMES F 75 MAIDEN LANE NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/15/04-80041-015 150.00

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Caroline M. Barrett 3/11/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CAROLINE M. BARRETT