

2000 UNIFORM BUSINESS REPORT (UBR)

0588068

DOCUMENT # F93000002602

1. Entity Name

GULF COAST MR INC.

FILED

00 MAY -9 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

671 GOODLETTE RD N
STE 110
NAPLES FL 34102
US

Mailing Address

C/O MEDICAL RESOURCES, INC
125 STATE ST. STE 200- LEGAL DEPT
HACKENSACK NJ 07601
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0411306

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME MONTOPOLI, DUANE C
STREET ADDRESS 155 STATE ST
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE VT ☒ Delete
NAME WHYNOT, GEOFFREY A
STREET ADDRESS 155 STATE ST
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE DP ☒ Delete
NAME DRUMGOOLE, MICHAEL J
STREET ADDRESS 155 STATE ST
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE VS ☒ Delete
NAME JOYCE, CHRISTOPHER J
STREET ADDRESS 155 STATE ST
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☒ Change ☐ Addition
NAME GEOFFREY A. WHYNOT
STREET ADDRESS 125 STATE STREET, STE 200
CITY-ST-ZIP HACKENSACK, NJ 07601

TITLE DVS ☒ Change ☐ Addition
NAME CHRISTOPHER J. JOYCE
STREET ADDRESS 125 STATE STREET, STE 200
CITY-ST-ZIP HACKENSACK, NJ 07601

TITLE V ☐ Change ☒ Addition
NAME GERALD H. ALLEN
STREET ADDRESS 449 - 10th AVENUE WEST
CITY-ST-ZIP PALMETTO, FL 34221

TITLE T ☐ Change ☒ Addition
NAME DAVID M. MCCABE
STREET ADDRESS 125 STATE STREET
CITY-ST-ZIP HACKENSACK, NJ 07601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GERALD H. ALLEN

4-26-00 (727) 723-1800

Date

Daytime Phone #

CR2E034 (1/99)