

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000002602**

1. Entity Name

GULF COAST MR INC.**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90149 011 ***158.75

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

Zip

Country

Zip

Country

4. FEI Number **65-0411306**

Applied For

Not Applicable

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	V	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, GERALD H	
STREET ADDRESS	449 - 10TH AVENUE WEST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WHYNOT, GEOFFREY A	
STREET ADDRESS	125 STATE STREET, STE. 200	
CITY-ST-ZIP	HACKENSACK NJ 07601	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCABE, DAVID M	
STREET ADDRESS	125 STATE ST	
CITY-ST-ZIP	HACKENSACK NJ 07601	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	JOYCE, CHRISTOPHER J	
STREET ADDRESS	125 STATE STREET, STE. 200	
CITY-ST-ZIP	HACKENSACK NJ 07601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

CHRISTOPHER J. JOYCE

Date

4-19-01 (941) 721-4921

Daytime Phone #

CR2E034 (10/00)