

2005 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90562 040 ***158.75

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04012005 Chg-P CR2E034 (10/03)

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| DOCUMENT # F93000002602 | | | |  | |
| 1. Entity Name GULF COAST MR INC. | | | | | |
| Principal Place of Business C/O MEDICAL RESOURCES, INC. 1455 BROAD ST., 4TH FLOOR, LEGAL DEPT. BLOOMFIELD, NJ 07003 US | | | Mailing Address C/O MEDICAL RESOURCES, INC. 1455 BROAD ST., 4TH FLOOR, LEGAL DEPT. BLOOMFIELD, NJ 07003 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 <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MCCABE, DAVID M 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JOYCE, CHRISTOPHER J 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD D. Gordon Strickland 1455 Broad Street, 4th Floor Bloomfield, NJ 07003 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD VALLA, JOHN 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CASKADON, MARY 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Caskadon, Mary D. 1455 Broad Street, 4th Floor Bloomfield, NJ 07003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS ADAMS, LYNN A 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  John Valla, Vice President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____ | | | | | |