

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90416 001 \*3,333.75

**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**



04202006 Chg-P CR2E034 (11/05)

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

T ☐ Delete  
NAME **MCCABE, DAVID M**  
STREET ADDRESS **1455 BROAD ST., 4TH FLOOR**  
CITY-ST-ZIP **BLOOMFIELD, NJ 07003**

PD ☐ Delete  
NAME **STRICKLAND, D GORDON**  
STREET ADDRESS **1455 BROAD ST., 4TH FLOOR**  
CITY-ST-ZIP **BLOOMFIELD, NJ 07003**

VD ☐ Delete  
NAME **VALLA, JOHN**  
STREET ADDRESS **1455 BROAD ST., 4TH FLOOR**  
CITY-ST-ZIP **BLOOMFIELD, NJ 07003**

S ☐ Delete  
NAME **CASKADON, MARY D**  
STREET ADDRESS **1455 BROAD ST., 4TH FLOOR**  
CITY-ST-ZIP **BLOOMFIELD, NJ 07003**

AS ☒ Delete  
NAME **ADAMS, LYNN A**  
STREET ADDRESS **1455 BROAD ST., 4TH FLOOR**  
CITY-ST-ZIP **BLOOMFIELD, NJ 07003**

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

☐ Change ☒ Addition  
TITLE  
NAME **AS**  
STREET ADDRESS **Jerrold Shenkman**  
CITY-ST-ZIP **1455 Broad Street, 4th Floor**  
**Bloomfield, NJ 07003**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John Valla*

*4/24/06*

Date

*973-707-1100*

Daytime Phone #