

F93000002602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

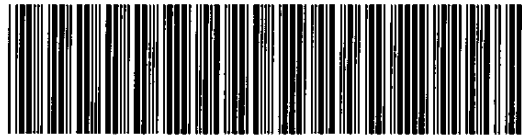
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06 JUN 22 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06/27/06--01020--007 306.25

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Gulf Coast MR Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F93000002602

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

Mary Caskadon  
(Name of Person)  
c/o Medical Resources, Inc.  
(Firm/Company)  
4760 State Road 64 East  
(Address)  
Bradenton, Florida 34208  
(City/State and Zip code)

For further information concerning this matter, please call:

Mary Caskadon at ( 941 ) 744-1539 ext. 205  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

**Gulf Coast MR Inc.**

(Name of Corporation)

**F93000002602**

(Document Number of Corporation (if known))

**Delaware**

(Incorporated Under Laws of)

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TALLAHASSEE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:


**c/o Medical Resources, Inc., 1455 Broad Street, 4th Floor**

(Mailing Address)

**Bloomfield, New Jersey 07003**

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

**6-13-06**

(Date)

**John Valla**

(Typed or printed name of person signing)

**Vice President**

(Title of person signing)

**FILING FEE \$35**