DO NOT WRITE IN THIS SPACE

158.75

**DOCUMENT # F95000001909** 

1. Entity Name

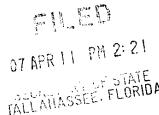
CENTRAL FORT MYERS RESOURCES, INC.



Principal Place of Business

C/O MEDICAL RESOURCES, INC 1455 BROAD ST., 4TH FLR, LEGAL DEPT. BLOOMFIELD, NJ 07003 US Mailing Address

C/O MEDICAL RESOURCES, INC 1455 BROAD ST., 4TH FLR, LEGAL DEPT. BLOOMFIELD, NJ 07003 US





04022007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0585569

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

PLANTATI	ION, FL 33324			1 <b>N</b> -	THIS SPA	CE	
	named entity submits this statement for the pitions of registered agent.  Signature, typed or printed name of registered agent and title it.			gistered agent, or bo	oth, in the State of Florida	. Fam familiar with, and a	ccept
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	3.		# 1 P	1.0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRICKLAND, D. GORDON 1455 BROAD ST., 4TH FLR. BLOOMFIELD, NJ 07003			<b>3</b> 0 04/25	00098563 5/070102200	3548 05 **2277.50	i
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCABE, DAVID M 1455 BROAD ST., 4TH FLR. BLOOMFIELD, NJ 07003		The second secon	THE TREETS OF THE SERVICES OF	The second of th		. ".
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALLA, JOHN 1455 BROAD ST., 4TH FLR. BLOOMFIELD, NJ 07003			DQ	NOT WR	ITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASKADON, MARY 1455 BROAD ST., 4TH FLR. BLOOMFIELD, NJ 07003				THIS SPA	Ç <b>E</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHENKMAN, JERROLD 1455 BROAD ST., 4TH FLR. BLOOMFIELD, NJ 07003		of an of an				
TITLE NAME STREET ADDRESS							

12. Thereby 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:

CITY-ST-7IP

GNATURE AND TYPED OR PRI

John Valla

19/07 9

941-744-1539 Daytime Phone #