



2008 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB -1 AM 8:56

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD STRICKLAND, D. GORDON 1455 BROAD ST., 4TH FLR. BLOOMFIELD, NJ 07003	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400117638994 02/11/08--01005--007 **2351.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCABE, DAVID M 1455 BROAD ST., 4TH FLR. 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	VD VALLA, JOHN 1455 BROAD ST., 4TH FLR. 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	S CASKADON, MARY 1455 BROAD ST., 4TH FLR. BLOOMFIELD, NJ 07003	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 ROSENSTEEL, CAROL 1455 BROAD STREET, 4TH FL BLOOMFIELD, NJ 07003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHENKMAN, JERROLD 1455 BROAD ST., 4TH FLR. BLOOMFIELD, NJ 07003	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CODD, JOHN M. 1455 BROAD STREET, 4TH FL. BLOOMFIELD, NJ 07003
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 2/1/08
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 1/17/08 973-873-9898 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					