2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9500001911 1. Entity Name						FILED		
FORT MYERS RESOURCES, INC.					00 MAY -9 PM 1:34			
Principal Place of Business Mailing Address							0/0	•
16780 SAN CARLOS BLVD FT MYERS FL 33908 US		C/O MEDICAL RESOURCES. INC 125 STATE ST. STE 200-LEGAL DEPT HACKENSACK NJ 07801 US		:	SECR TALLAI	ETARY OF STATE HASSEE, FLORIDA		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number	65-0585564	— — —	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of S	Status Desired 🔀	\$8.75 Add Fee Required	litional
6.	. Name and Address of Current R	egistered Agent	Name		7. Name and Ad	dress of New Registere	d Agent	
1200 SO	RPORATION SYSTEM UTH PINE ISLAND ROAD		Street Address (f		(P.O. Box Number is Not Acceptable)			
PLANIAI	ΠΟΝ FL 33324		City			F	Zip Code	
9. This corporation Tax filing require (See criteria on	Registered Agent signat ! FEE IS \$150. !O Fee will be \$1 te to Department	00 550.00	10. Electio	DAT in Campaign Financing und Contribution.	\$5.0	May Be to Fees		
11.	OFFICERS AND D	<u> </u>	12.			ANGES TO OFFICERS A	ND DIRECTORS	S IN 11
STREET ADDRESS 159	Ontopoli, Duane C 5 State Street Ackensack nj 07601	∠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			A. WHYNOT STREET, S K, NJ 076	0/	☐ Addition
TITLE VT NAME WH STREET ADDRESS 158				DVS	STOPHER STATE	J. JOYCE STREET, . K, NJ 076	⊠ Change 57€ 20 0	Addition
STREET ADDRESS 158	OUMGOOLE, MICHAEL J S STATE STREET OCKENSACK NJ 07601	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GER	ALD H.	ALLEN VENUE WES FL 3422	T	Addition
STREET ADDRESS 155	YCE, CHRISTOPHER J 5 STATE STREET CKENSACK NJ 07601	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAV	ID M. T.	NC CABE STREET K, NU 07	∟ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7. Y. Y. Y.	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		80	000324: -05/09/00- ***3642.5i	-010230	DD1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

13. 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 11 or Block 12 if changed, or on an attachment with an actives, with all other like empowered.

SIGNATURE: ∠

SIGNATURE AND TYPES OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00 (727) 723-1800

Daytime Phone #