

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90003 023 ***158.75

DOCUMENT # F95000001911	
1. Entity Name FORT MYERS RESOURCES, INC.	



Principal Place of Business 16780 SAN CARLOS BLVD FT MYERS, FL 33908 US	Mailing Address C/O MEDICAL RESOURCES, INC 125 STATE ST, STE 200-LEGAL DEPT HACKENSACK, NJ 07601 US
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54024178



2. Principal Place of Business c/o Medical Resources, Inc. 1455 Broad St., 4 th Fl., Legal Dept. Bloomfield, New Jersey	3. Mailing Address c/o Medical Resources, Inc. 1455 Broad St., 4 th Fl., Legal Dept. Bloomfield, New Jersey
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03022004 Chg-P CR2E034 (10/03)

Zip 07003 Country US	Zip 07003 Country US
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4. FEI Number 65-0585564	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOYCE, CHRISTOPHER J 125 STATE STREET, STE. 200 HACKENSACK, NJ 07601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joyce, Christopher J. 1455 Broad Street, 4 th Floor Bloomfield, NJ 07003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCABE, DAVID M 125 STATE STREET, STE. 200 HACKENSACK, NJ 07601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T McCabe, David M. 1455 Broad Street, 4 th Floor Bloomfield, NJ 07003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALLA, JOHN 125 STATE STREET SUITE 200 HACKENSACK, NJ 07601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Valla, John 1455 Broad Street, 4 th Floor Bloomfield, NJ 07003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASKADON, MARY 449 - 10TH AVENUE WEST PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Caskadon, Mary D. 1455 Broad Street, 4 th Floor Bloomfield, NJ 07003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ADAMS, LYNN 125 STATE STREET, STE. 200 HACKENSACK, NJ 07601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Adams, Lynn A. 1455 Broad Street, 4 th Floor Bloomfield, NJ 07003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	Christopher J. Joyce 3-15-04 (973) 707-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #