

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90562 039 ***158.75

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1. Entity Name

FORT MYERS RESOURCES, INC.



Principal Place of Business

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

Mailing Address

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

20036162



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0585564

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME JOYCE, CHRISTOPHER J
STREET ADDRESS 1455 BROAD ST., 4TH FLOOR
CITY-ST-ZIP BLOOMFIELD, NJ 07003

TITLE PD ☐ Change ☒ Addition
NAME D. Gordon Strickland
STREET ADDRESS 1455 Broad Street, 4th Floor
CITY-ST-ZIP Bloomfield, NJ 07003

TITLE T ☐ Delete
NAME MCCABE, DAVID M
STREET ADDRESS 1455 BROAD ST., 4TH FLOOR
CITY-ST-ZIP BLOOMFIELD, NJ 07003

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME VALLA, JOHN
STREET ADDRESS 1455 BROAD ST., 4TH FLOOR
CITY-ST-ZIP BLOOMFIELD, NJ 07003

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME CASKADON, MARY
STREET ADDRESS 1455 BROAD ST., 4TH FLOOR
CITY-ST-ZIP BLOOMFIELD, NJ 07003

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME ADAMS, LYNN
STREET ADDRESS 1455 BROAD ST., 4TH FLOOR
CITY-ST-ZIP BLOOMFIELD, NJ 07003

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John Valla

John Valla, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #