2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9600002414 1. Entity Name CLEARWATER RESOURCES, INC.							FILED 00 MAY -9 PM 1:10				
1831 N BELCHER RD STE D-1 CLEARWATER FL 33765 US			C/O MEDICAL RESOURCES. INC 125 STATE ST. STE 200-LEGAL DEPT HACKENSACK N.J 07601							/ C	/
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	59-3378553			plied For t Applicable
Zip	Country		Zip Coun		try	Fee Requ			.75 Add Required		
	6. Name	and Address of Current Re	egistered Agent		Name		7. Name and Ad	Idress of New Regis	tered Age	nt	
C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM					Street Address (P.O. Box Number is Not Acceptable)						
		INE ISLAND ROAD									
	NTATION F								FL	Zip Code)
8. The above	named entity	submits this statement for the	he purpose of changing its i	register	ed office or	registere	ed agent, or both, i	n the State of Florida.			
0.00.47.455											
SIGNATURE _	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE.	: Registere	d Agent signat	ure required	when reinstating)		DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			Trust F	on Campaign Financi Fund Contribution.	ng		May Be to Fees	
11.		OFFICERS AND D	IRECTORS	12.			ADDITIONS/CH	ANGES TO OFFICER			IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	155 STAT	OLI, DUANE C TE STREET SACK NJ 07601	Delete			DP GEO 123 HAC	FFREY A	9. WHYNO STREET, K, NI OT	T STE	Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	155 STAT HACKENS	OLE, MICHAEL J 'E STREET SACK NJ 07601	≥ Delete	1		V GER 449	ALD H. A	ALLEN AVENUE 1 FL 3422	WEST !		Addition
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I nereby 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 employeded 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 address, with all other like employed.

SIGNATURE:

(727) 723 -/8 00 Daytime Phone #