

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-30-2004 90003 025 \*\*\*158.75

<b>DOCUMENT # F96000002414</b> 1. Entity Name <b>CLEARWATER RESOURCES, INC.</b>					
Principal Place of Business <b>1831 N BELCHER RD STE D-1 CLEARWATER, FL 33765 US</b>			Mailing Address <b>C/O MEDICAL RESOURCES, INC 125 STATE ST, STE 200-LEGAL DEPT HACKENSACK, NJ 07601</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country			3. Mailing Address <b>c/o Medical Resources, Inc. 1455 Broad St., 4<sup>th</sup> Fl., Legal Dept. Bloomfield, New Jersey Zip      Country</b>		
4. FEI Number <b>59-3378553</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			02272004    Chg-P    CR2E034 (10/03)		
<b>6. Name and Address of Current Registered Agent</b> <b>C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00.</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T MCCABE, DAVID M 125 STATE STREET HACKENSACK, NJ 07601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	T McCabe, David M. 1455 Broad Street, 4 <sup>th</sup> Floor Bloomfield, NJ 07003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 <sup>th</sup> 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, STE. 200 HACKENSACK, NJ 07601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD Valla, John 1455 Broad Street, 4 <sup>th</sup> Floor Bloomfield, NJ 07003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S CASKADON, MARY 125 STATE ST STE 200 LEGAL DEPT HACKENSACK, NJ 07601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	S Caskadon, Mary D. 1455 Broad Street, 4 <sup>th</sup> Floor Bloomfield, NJ 07003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	AS ADAMS, LYNN A 125 STATE ST STE 200 LEGAL DEPT HACKENSACK, NJ 07601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	AS Adams, Lynn A. 1455 Broad Street, 4 <sup>th</sup> Floor Bloomfield, NJ 07003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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.					
<b>SIGNATURE:</b> _____			Christopher J. Joyce    3-15-04    (973) 707-1100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date      Daytime phone #		