

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

158.75

DOCUMENT # F96000002414

1. Entity Name  
CLEARWATER RESOURCES, INC.



FILED  
07 APR 11 PM 2:23  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1831 N BELCHER RD  
STE D-1  
CLEARWATER, FL 33765 US

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



2. Principal Place of Business - No P.O. Box #  
*Access Imaging*  
Suite, Apt. #, etc.  
*2250 Drew Street*

City & State  
*Clearwater*

Zip  
*33765* Country  
*USA*

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

04022007 Chg-P CR2E034 (12/06)

4. FEI Number  
59-3378553

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
C/O 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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCABE, DAVID M 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRICKLAND, D. GORDON 1455 BROAD STREET, 4TH FLOOR BLOOMFIELD, NJ 07003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALLA, JOHN 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASKADON, MARY 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHENKMAN, JERROLD 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

600098563566  
04/25/07--01022--005 \*\*2277.50

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/9/07 941-744-1539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #