

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90009 003 ***158.75

DOCUMENT # F96000003575

1. Corporation Name
TAMPA BAY MEDICAL RESOURCES, INC.

Principal Place of Business
155 STATE STREET
HACKENSACK NJ 07601

Mailing Address
155 STATE STREET
HACKENSACK NJ 07601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/16/1996

4. FEI Number
59-3379620

Applied For
Not Applicable

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

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 AMERISCARE MRI CENTER
3207 W. HAMILTON AVE.

2a. Mailing Address
26 C/O Medical Resources, Inc.
125 State Street

Suite, Apt. #, etc.
22 SUITE B

Suite, Apt. #, etc.
27 Suite 200 - Legal Dept.

City & State
23 TAMPA, FLORIDA

City & State
28 Hackensack, New Jersey

Zip
24 33614

Country
29 USA

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, G H	1.2 NAME	Duane C. Montopoli
STREET ADDRESS	155 STATE ST	1.3 STREET ADDRESS	125 State Street - Suite 200
CITY-ST-ZIP	TAMPA FL 07601	1.4 CITY-ST-ZIP	Hackensack, New Jersey 07601
TITLE	VTS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHYNOT, G A	2.2 NAME	Michael J. Drumgoole
STREET ADDRESS	155 STATE STREET	2.3 STREET ADDRESS	125 State Street - Suite 200
CITY-ST-ZIP	HACKENSACK NJ 07601	2.4 CITY-ST-ZIP	Hackensack, New Jersey 07601
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Christopher J. Joyce
STREET ADDRESS		3.3 STREET ADDRESS	125 State Street - Suite 200
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Hackensack, New Jersey 07601
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Geoffrey A. Whynot
STREET ADDRESS		4.3 STREET ADDRESS	125 State Street - Suite 200
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hackensack, New Jersey 07601
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Drumgoole, President

4-27-99 (201) 488-6230

Date Daytime Phone #

CR2E034 (1/98)