2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000003575

TAMPA BAY MEDICAL RESOURCES, INC.

FILED Mar 30, 2004 8:00 am Secretary of State 03-30-2004 90003 026 ***158.75

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						(40 m)							
125 STATE ST., STE 200, LEAG DEPT C/O HACKENSACK, NJ 07601 125				lailing Address C/O MEDICAL RESOURCES, INC. 125 STATE ST., STE 200- LEGAL DEPT. HACKENSACK, NJ 07601				<u> </u>	 I Hand Orbit Orbit Orbits or	in estil sele)24175	
2. Principal Place of Business 3. Mailing Address													
c/o Medical Resources, Inc. c/o Medical Resource						s. Inc.			i iware milit måtit deliti BR	IN EMILI DEIE	0	11097 11 1097	
					5 Broad St., 4th Fl., Legal Dept.			02272004	Chg-P	CR2E	034 (10/03)	·	
Bloomfield, New Jersey Zip Country Zip Zip Country Zip Country								4. FEI Numbe 59-337				pplied For at Applicable	
Žip	Zip	07003	Country US 5. Certificate of Status Desired					X	\$8.75 Add				
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						iress (f	(P.O. Box Number is Not Acceptable)						
						City	City FL Zip Code						
R The shows													
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 a	no title if applicab	la. (NOTE	: Registered	Agent signature	required	when reinslating)		DATE			
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees													
10.		OFFICERS AND I	DIRECTORS		11.			ADDITIONS/	CHANGES TO OFF	ICERS AN	O DIRECTOR	S IN 11	
TITLE	Т			☐ Delete	TITLE		McC	abe, David M.			🔀 Change	Addition	
NAME	MCCABE, D		11A				1455	Broad Street.					
STREET ADDRESS	i					ET ADDRESS	ADDRESS Bloomfield, NJ 07003						
CITY-ST-ZIP						·ST- ZIP	PD						
TITLE	PD IOVEE CH	DISTORUSE I		☐ Delete	TITLE	!		c, Christopher	J.		Change	Addition	
NAME STREET ADDRESS		•				ET ADDRESS	1455 Broad Street, 4th Floor						
CITY-ST-ZIP						Y-ST-ZIP Bloomfield, NJ 07003							
TITLE	VD ·						VD		·- · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME	VALLA, JOH	VALLA, JOHN					Valla John						
STREET ADDRESS	·				STRÉI	ET ADDRESS	1455	455 Broad Street, 4th Floor					
CITY-ST-ZIP	HACKENSACK, NJ 07601				CITY	·ST-ZIP	Bloo	Bloomfield, NJ 07003					
TITLE	S Delete TITL				TITLE	.]	S				Change	Addition	
NAME	·				NAME		Cask	cadon, Mary D					
STREET ADDRESS					ET ADDRESS		Broad Street.						
CITY-ST-ZIP	PALMETTO, FL 34221						Bloc	omfield, NJ 070	003		T 01	C A addition	
TITLE NAME	AS Delete TITLE ADAMS, LYNN A					AS				_ ™ Change	Addition		
STREET ADDRESS			DEPT		NAME STREE	ET ADDRESS	Ada	Adams, Lynn A.					
STREET ADDRESS 125 STATE ST., STE 200, LEAG DEPT. HACKENSACK, NJ 07601					CITY	-ST-ZIP	1453 Pilos	5 Broad Street, 4th Floor omfield, NJ 07003					
TITLE			****	☐ Delete	TITLE		- 4100	millere, 1-2 07			Change	☐ Addition	
NAME					NAME	:				•			
STREET ADDRESS	Ī					ET ADDRESS							
CITY-ST-ZIP													
17 Ibereby	aartific that the i	atormatico cumplical with	this filing do	se not qualify for	the ever	matian status	+ 10 Sa	ction 110 07/3)(ii Flacida Statutor	I forther c	artifu that the i	ntormation	

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 each; that I am an officer or director of the corporation or the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher J. Joyce

(973) 707-1100