

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91087 010 ***158.75

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1. Entity Name
TAMPA BAY MEDICAL RESOURCES, INC.



Principal Place of Business
**AMERICARE MRI CENTER
STE. B
TAMPA FL 33614**

Mailing Address
**C/O MEDICAL RESOURCES, INC.
125 STATE ST., STE 200- LEGAL DEPT.
HACKENSACK NJ 07601**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
125 State Street

3. Mailing Address

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

Suite, Apt. #, etc.

City & State
Hackensack NJ

City & State

Zip
07601

Country

Zip

Country

4. FEI Number **59-3379620**

Applied For

Not Applicable

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

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**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T** ☐ Delete
NAME **MCCABE, DAVID M**
STREET ADDRESS **125 STATE ST., STE. 200**
CITY-ST-ZIP **HACKENSACK NJ 07601**

TITLE **Assistant Secretary** ☐ Change ☒ Addition
NAME **Lynn A. Adams**
STREET ADDRESS **125 State Street, Suite 200, Legal Dept**
CITY-ST-ZIP **Hackensack, NJ 07601**

TITLE **PD** ☐ Delete
NAME **JOYCE, CHRISTOPHER J**
STREET ADDRESS **125 STATE ST., STE. 200**
CITY-ST-ZIP **HACKENSACK NJ 07601**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **VALLA, JOHN**
STREET ADDRESS **125 STATE ST., STE. 200**
CITY-ST-ZIP **HACKENSACK NJ 07601**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **CASKADON, MARY**
STREET ADDRESS **449 - 10TH AVENUE WEST**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE _____ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher J. Joyce

Date

Daytime Phone #

941-794-5447

CR2E034 (10/02)