

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 90040 045 ***158.75

DOCUMENT # F97000001067

1. Corporation Name

JACKSONVILLE RESOURCES, INC.



Principal Place of Business

3728 PHILIPS WHY
STE 34
JAX FL 32207
US

Mailing Address

%MEDICAL RESOURCES, INC.
155 STATE ST
HACKENSACK NJ 07601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1997

2. Principal Place of Business

21

2a. Mailing Address

C/C Medical Resources, Inc.

26 **125 State Street**

4. FEI Number

22-2599239

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27 **Suite 200 - Legal Dept.**

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

City & State

23

City & State

28 **Hackensack, New Jersey**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

07601

Country

30

USA

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

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

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, G H	
STREET ADDRESS	155 STATE ST	
CITY-ST-ZIP	HACKENSACK NJ 07601	
TITLE	VTS	<input checked="" type="checkbox"/> DELETE
NAME	WHYNOT, G A	
STREET ADDRESS	155 STATE ST	
CITY-ST-ZIP	HACKENSACK NJ 07601	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Duane C. Montopoli	
1.3 STREET ADDRESS	125 State Street - Suite 200	
1.4 CITY-ST-ZIP	Hackensack, New Jersey 07601	
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael J. Drumgoole	
2.3 STREET ADDRESS	125 State Street - Suite 200	
2.4 CITY-ST-ZIP	Hackensack, New Jersey 07601	
3.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Christopher J. Joyce	
3.3 STREET ADDRESS	125 State Street - Suite 200	
3.4 CITY-ST-ZIP	Hackensack, New Jersey 07601	
4.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Geoffrey A. Whynot	
4.3 STREET ADDRESS	125 State Street - Suite 200	
4.4 CITY-ST-ZIP	Hackensack, New Jersey 07601	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 (11/98)