2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9700001067 FILED JACKSONVILLE RESOURCES, INC. 00 MAY -9 PH 2: 27 SECRETARY OF STATE Mailing Address Principal Place of Business %MEDICAL RESOURCES, INC. 3728 PHILIPS WHY STE 34 125 STATE ST. STE 200-LEGAL DEPT HACKENSACK NJ 07601 JAX FL 32207 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 22-2599239 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 'C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change TITLE Delete TITLE GEOFFREY NAME NAME MONTOPOLI, DUANE C STREET, STE 200 STREET ADDRESS STATE STREET ADDRESS 125 STATE ST, STE 200 CITY-ST-ZIP CITY-ST-ZIP HACKENSACK NJ 07601 NS 0760, Delete DVS TITLE TITLE NAME NAME WHYNOT, GEOFFREY A CHRISTOPHER J. JOYCE STREET ADDRESS 125 STATE STREET, STE 200 STREET ADDRESS 125 STATE ST, STE 200 CITY_ST_7IP CITY-ST-ZIP HACKENSACK, NJ 07601 HACKENSACK NJ 07601 ☐ Change 🔀 Addition Defete TITLE GERALD H. ALLEN WEST NAME NAME DRUMGOOLE, MICHAEL J STREET ADDRESS STREET ADDRESS 125 STATE ST, STE 200 PALMETTO, FL 34221 CITY-ST-ZIP CITY-ST-ZIP HACKENSACK NJ 07601 **Addition** TITLE Delete TITLE Change DAVID M. MCCABE NAME JOYCE, CHRISTOPHER J NAME 125 STATE STREET STREET ADDRESS STREET ADDRESS 125 STATE ST, STE 200 CITY-ST-ZIP CITY-ST-ZIP NJ 07601 HACKENSACK NJ 07601 001003243**9**4@--~ TITLE ☐ Delete TITLE -05/09/00--01023--001 NAME NAME ***3642.50 ****158.75 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 and overed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an articless, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OF PRIN

4-26-00 (727)723-1800

CH2E(134. (9/419)