

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90006 002 ***158.75

DOCUMENT # F97000001196 1. Entity Name WEST PALM BEACH RESOURCES, INC.					
Principal Place of Business 125 ST. STREET, SUITE 200 LEGAL DEPT. HACKENSACK, NJ 07601 US			Mailing Address C/O MEDICAL RESOURCES, INC. 125 STATE ST., STE. 200-LEGAL DEPT. HACKENSACK, NJ 07601		
2. Principal Place of Business c/o Medical Resources, Inc.			3. Mailing Address c/o Medical Resources, Inc.		
1455 Broad St., 4th Fl., Legal Dept.			1455 Broad St., 4th Fl., Legal Dept.		
Bloomfield, New Jersey			Bloomfield, New Jersey		
Zip 07003	Country US	Zip 07003	Country US	4. FEI Number 65-0733703	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCABE, DAVID M 125 STATE ST., STE 200 HACKENSACK, NJ 07601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T McCabe, David M. 1455 Broad Street, 4th Floor Bloomfield, NJ 07003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOYCE, CHRISTOPHER J 125 STATE ST, STE. 200 HACKENSACK, NJ 07601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joyce, Christopher J. 1455 Broad Street, 4th Floor Bloomfield, NJ 07003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALLA, JOHN 125 STATE ST, STE. 200 HACKENSACK, NJ 07601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Valla, John 1455 Broad Street, 4th Floor Bloomfield, NJ 07003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASKADON, MARY 125 STATE ST, STE. 200 HACKENSACK, NJ 07601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Caskadon, Mary D. 1455 Broad Street, 4th Floor Bloomfield, NJ 07003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ADAMS, LYNN A 125 ST. STREET, SUITE 200, LEGAL DEPT HACKENSACK, NJ 07601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Adams, Lynn A. 1455 Broad Street, 4th Floor Bloomfield, NJ 07003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Christopher J. Joyce 3-15-04 (973) 707-1100 <small>Date Daytime Phone #</small>		