

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000001196

1. Entity Name
WEST PALM BEACH RESOURCES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB -1 AM 9:17

Principal Place of Business
C/O MEDICAL RESOURCES, INC
1455 BROAD ST, 4TH FL LEGAL DEPT
BLOOMFIELD, NJ 07003 US

Mailing Address
C/O MEDICAL RESOURCES, INC
1455 BROAD ST, 4TH FL LEGAL DEPT
BLOOMFIELD, NJ 07003 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0733703

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	MCCABE, DAVID M	
STREET ADDRESS	1455 BROAD ST, 4TH FLOOR	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STRICKLAND, GORDON D	
STREET ADDRESS	1455 BROAD ST, 4TH FLOOR	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VALLA, JOHN	
STREET ADDRESS	1455 BROAD ST, 4TH FLOOR	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CASKADON, MARY	
STREET ADDRESS	1455 BROAD ST, 4TH FLOOR	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	SHENKMAN, JERROLD	
STREET ADDRESS	1455 BROAD ST, 4TH FLOOR	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000117639270	
STREET ADDRESS	02/11/08--01005--007 **2351.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENSTEEL, CAROL	
STREET ADDRESS	1455 BROAD ST, 4TH FL.	
CITY-ST-ZIP	Bloomfield, NJ 07003	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CODD, JOHN M.	
STREET ADDRESS	1455 BROAD ST, 4TH FL.	
CITY-ST-ZIP	Bloomfield, NJ 07003	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Valla

1/17/08

Date

973-873-9898

Daytime Phone #