

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-30-2004 90003 013 ***158.75

DOCUMENT # F97000003862

1. Entity Name
CHARLOTTE RESOURCES, INC.



Principal Place of Business
**3358 TAMiami TR
PT CHARLOTTE, FL 33952 US**

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

54024188



2. Principal Place of Business

3. Mailing Address
c/o Medical Resources, Inc.

Suite, Apt. #, etc.

1455 Broad St., 4th Fl., Legal Dept.

03022004 Chg-P CR2E034 (10/03)

City & State

Bloomfield, New Jersey

4. FEI Number
22-3525039

Applied For
Not Applicable

Zip

Country

Zip

07003

Country

US

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, 2004 Fee will be \$550.00**

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

TITLE PD ☒ Change ☐ Addition
NAME Joyce, Christopher J.
STREET ADDRESS 1455 Broad Street, 4th Floor
CITY-ST-ZIP Bloomfield, NJ 07003

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

TITLE T ☒ Change ☐ Addition
NAME McCabe, David M.
STREET ADDRESS 1455 Broad Street, 4th Floor
CITY-ST-ZIP Bloomfield, NJ 07003

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

TITLE VD ☒ Change ☐ Addition
NAME Valla, John
STREET ADDRESS 1455 Broad Street, 4th Floor
CITY-ST-ZIP Bloomfield, NJ 07003

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

TITLE S ☒ Change ☐ Addition
NAME Caskadon, Mary D.
STREET ADDRESS 1455 Broad Street, 4th Floor
CITY-ST-ZIP Bloomfield, NJ 07003

TITLE AS ☐ Delete
NAME ADAMS, LYNN A
STREET ADDRESS 125 STATE STREET SUITE 2100 LEGAL DEPT.
CITY-ST-ZIP HACKENSACK, NJ 07601

TITLE AS ☒ Change ☐ Addition
NAME Adams, Lynn A.
STREET ADDRESS 1455 Broad Street, 4th Floor
CITY-ST-ZIP Bloomfield, NJ 07003

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:

Christopher J. Joyce

3-15-04

(973) 707-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #