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FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000003941 (8)

1. Corporation Name

CORAL WAY RESOURCES, INC.



Principal Place of Business

C/O MEDICAL RESOURCES, INC.  
155 STATE ST.  
HACKENSACK NJ 07601

Mailing Address

C/O MEDICAL RESOURCES, INC.  
155 STATE ST.  
HACKENSACK NJ 07601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1997

4. FEI Number

22-3526230

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 C/O CORAL WAY MRI  
1757 CORAL WAY  
Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL 33135

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 PDC ☒ DELETE

NAME FARRELL, WILLIAM D  
STREET ADDRESS 155 STATE ST.  
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE V ☒ DELETE

NAME FARRELL, ROBERT L  
STREET ADDRESS 155 STATE ST.  
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE VS ☒ DELETE

NAME FIELDS, GARY I  
STREET ADDRESS 155 STATE ST.  
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE VT ☒ DELETE

NAME P'MALLEY, JOHN P III  
STREET ADDRESS 155 STATE ST.  
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D/P ☐ Change ☒ Addition

12 NAME GERALD H. ALLEN  
13 STREET ADDRESS 155 STATE ST.  
14 CITY-ST-ZIP HACKENSACK, NJ 07601

21 TITLE V/T/S ☐ Change ☒ Addition

22 NAME GEOFFREY A. WHYNOT  
23 STREET ADDRESS 155 STATE ST.  
24 CITY-ST-ZIP HACKENSACK, NJ 07601

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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.

CP2E034 (10/97)