2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9700003941 1. Entity Name					FILED			
CORAL WAY RESOURCES, INC.					00 MAY -9 PM 1:16			
Principal Plac	ce of Business	Mailing Address	iling Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1757 CORAL WAY MIAMI FL 33135 US 2. Principal Place of Business		C/O MEDICAL RESOURCES. INC. 125 STATE ST. STE 200-LEGAL DEPT HACKENSACK NJ 07601 3. Mailing Address			TALLAHASSEE, FLORIDA			
City & State		City & State		4.	4. FEI Number 22-3526230 Applied For Not Applied For			
Zip	Country	Zip	Country	5.	Certificate of Status Des	sired 📈	\$8.75 Add Fee Required	
	6. Name and Address of Current F	l Registered Agent		7.	Name and Address of	New Registered	<u>-</u>	
			Name	9				
	CORPORATION SYSTEM SOUTH PINE ISLAND ROAD		Street	Street Address (P.O. Box Number is Not Acceptable)				
PLAI	NTATION FL 33324		City			F	■ Zip Code	.
8. The above	e named entity submits this statement for	the purpose of changing its	registered office	or registered a	gent, or both, in the State	e of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible	nd title if applicable. (NOT	E: Registered Agent sig	nature required when		DATE ign Financing	\$5.0	0 May Be
SIGNATURE . 9. This corporate filing r	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent sig	onature required when 0.00 \$550.00	reinstating)	DATE ign Financing	\$5.0	O May Be to Fees
SIGNATURE . 9. This corporate filing r	Signature, typed or printed name of registered agent a contain is eligible to satisfy its Intangible requirement and elects to do so. ria on back) OFFICERS AND I	FILE NOW After MAY 1, 20 Make Check Payat DIRECTORS	E: Registered Agent sig	0.00 \$550.00 ent of State	reinstating) 10. Election Campa	DATE ign Financing ribution.	\$5.0 Added	to Fees
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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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICEBURING SPECCES OF DIRECTOR.

Date 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.