

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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 # F97000004324 (6)

1. Corporation Name
SARASOTA RESOURCES, INC.



Principal Place of Business

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1997

4. FEI Number

~~APPLIED FOR~~ 22-3534797

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

40 GULF SIDE OPEN MRI
1950 SOUTH TAMiami TRAIL

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34239

Country

24

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

29

Country

30

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 date of appointment

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME FARRELL, WILLIAM D
STREET ADDRESS 155 STATE STREET
CITY-ST-ZIP HACKENSACK NJ

☒ DELETE

TITLE VT
NAME O'MALLEY III, JOHN P
STREET ADDRESS 155 STATE STREET
CITY-ST-ZIP HACKENSACK NJ

☒ DELETE

TITLE V
NAME FIELDS, GARY I
STREET ADDRESS 155 STATE STREET
CITY-ST-ZIP HACKENSACK NJ

☒ DELETE

TITLE V
NAME LARSEN, CARL B
STREET ADDRESS 155 STATE STREET
CITY-ST-ZIP HACKENSACK NJ

☒ DELETE

TITLE V
NAME FARRELL, ROBERT L
STREET ADDRESS 155 STATE STREET
CITY-ST-ZIP HACKENSACK NJ

☒ DELETE

TITLE AS
NAME DAVIS, STEPHEN M
STREET ADDRESS 155 STATE STREET
CITY-ST-ZIP HACKENSACK NJ

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIP
1.2 NAME GERALD H. ALLEN
1.3 STREET ADDRESS 155 STATE ST.
1.4 CITY-ST-ZIP HACKENSACK, NJ 07601

☐ Change

☒ Addition

2.1 TITLE VITIS
2.2 NAME GEOFFREY A. WHYNOT
2.3 STREET ADDRESS 155 STATE ST.
2.4 CITY-ST-ZIP HACKENSACK, NJ 07601

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE

[Signature]

[Signature]

CR2E034 (10/97)