

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90009 002 ***158.75

DOCUMENT # F97000004324

1. Corporation Name
SARASOTA RESOURCES, INC.

Principal Place of Business

1450 S TAMiami TR
SARASOTA FL 34239
US

Mailing Address

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

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

C/O Medical Resources, Inc.

26 Suite, Apt. #, etc.

27 Suite 200 - Legal Dept.

28 City & State

Hackensack, New Jersey

29 Zip

07601

30 Country

USA

9. Name and Address of Current Registered Agent

NRAI, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 DP ☒ DELETE

NAME ALLEN, G H
STREET ADDRESS 155 STATE STREET
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE VTS ☒ DELETE

NAME WHYNOT, G A
STREET ADDRESS 155 STATE STREET
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Duane C. Montopoli
1.3 STREET ADDRESS 125 State Street - Suite 200
1.4 CITY-ST-ZIP Hackensack, New Jersey 07601

2.1 TITLE DP ☐ Change ☒ Addition

2.2 NAME Michael J. Drumgoole
2.3 STREET ADDRESS 125 State Street - Suite 200
2.4 CITY-ST-ZIP Hackensack, New Jersey 07601

3.1 TITLE VS ☐ Change ☒ Addition

3.2 NAME Christopher J. Joyce
3.3 STREET ADDRESS 125 State Street - Suite 200
3.4 CITY-ST-ZIP Hackensack, New Jersey 07601

4.1 TITLE VT ☒ Change ☐ Addition

4.2 NAME Geoffrey A. Whynot
4.3 STREET ADDRESS 125 State Street - Suite 200
4.4 CITY-ST-ZIP Hackensack, New Jersey 07601

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Drumgoole, President

Date

Daytime Phone #

4-27-99 (201) 488-6230

CR2E034 (11/98)