

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90416 001 *3,333.75

DOCUMENT # F97000004324

1. Entity Name
SARASOTA RESOURCES, INC.



Principal Place of Business
**C/O MEDICAL RESOURCES, INC
1455 BROAD ST., 4TH FL, LEGAL DEPT
BLOOMFIELD, NJ 07003 US**

Mailing Address
**C/O MEDICAL RESOURCES, INC
1455 BROAD ST., 4TH FL, LEGAL DEPT
BLOOMFIELD, NJ 07003 US**

66012437



2. Principal Place of Business

3. Mailing Address

04202006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3534797

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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, 2006 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 STRICKLAND, D. GORDON
STREET ADDRESS 1455 BROAD ST., 4TH FLOOR
CITY-ST-ZIP BLOOMFIELD, NJ 07003

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME VALLA, JOHN
STREET ADDRESS 1455 BROAD ST., 4TH FLOOR
CITY-ST-ZIP BLOOMFIELD, NJ 07003

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME CASKADON, MARY
STREET ADDRESS 1455 BROAD ST., 4TH FLOOR
CITY-ST-ZIP BLOOMFIELD, NJ 07003

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☒ Delete
NAME ADAMS, LYNN A
STREET ADDRESS 1455 BROAD ST., 4TH FLOOR
CITY-ST-ZIP BLOOMFIELD, NJ 07003

TITLE ☐ Change ☒ Addition
NAME AS
STREET ADDRESS Jerrold Shenkman
CITY-ST-ZIP 1455 Broad Street, 4th Floor
Bloomfield, NJ 07003

TITLE T ☐ Delete
NAME MCCAKE, DAVID M
STREET ADDRESS 1455 BROAD ST., 4TH FLOOR
CITY-ST-ZIP BLOOMFIELD, NJ 07003

TITLE ☒ Change ☐ Addition
NAME T
STREET ADDRESS David M. McCabe
CITY-ST-ZIP 1455 Broad Street, 4th Floor
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 exemptions contained in Chapter 119, 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:

John Valla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Valla

Date

Daytime Phone #

4/24/06

973-707-1100