

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

158.75

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**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number
22-3534797

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STRICKLAND, D. GORDON 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VALLA, JOHN 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CASKADON, MARY 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SHENKMAN, JERROLD 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCCABE, DAVID M 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Vella **John Vella** 4-9-07 x 205
941-744-1539

Date

Daytime Phone #