

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000004324

1. Entity Name
SARASOTA RESOURCES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB -1 AM 9:13

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

22-3534797

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2008 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALLA, JOHN 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASKADON, MARY 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHENKMAN, JERROLD 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCABE, DAVID M 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSENSTEEL, CAROL 1455 BROAD ST., 4TH FL BLOOMFIELD, NJ 07003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CADD, JOHN M. 1455 BROAD ST., 4TH FL BLOOMFIELD, NJ 07003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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

Date

Daytime Phone #

John Valla

11/1/08

973-873-9898