




# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90562 034 \*\*\*158.75

<b>DOCUMENT # F97000004325</b> 1. Entity Name <b>BRADENTON RESOURCES, INC.</b>			
Principal Place of Business <b>410 FOURTH AVENUE EAST BRADENTON, FL 34208 US</b>		Mailing Address <b>C/O MEDICAL RESOURCES, INC 1455 BROAD ST., 4TH FLR., LEGAL DEPT. HACKENSACK, NJ 07601</b>	
2. Principal Place of Business <b>c/o Medical Resources, Inc. 1455 Broad St., 4<sup>th</sup> Fl., Legal Dept. Bloomfield, New Jersey 07003 US</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
			
		04012005 Chg-P CR2E034 (10/03)	
		4. FEI Number <b>22-3534794</b>	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCABE, DAVID M 1455 BROAD ST., 4TH FLR. BLOOMFIELD, NJ 07003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOYCE, CHRISTOPHER J 1455 BROAD ST., 4TH FLR. BLOOMFIELD, NJ 07003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALLA, JOHN 1455 BROAD ST., 4TH FLR. BLOOMFIELD, NJ 07003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADAMS, LYNN 1455 BROAD ST., 4TH FLR. BLOOMFIELD, NJ 07003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASKADON, MARY 1455 BROAD ST., 4TH FLR. BLOOMFIELD, NJ 07003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Adams, Lynn A. 1455 Broad Street, 4 <sup>th</sup> Floor Bloomfield, NJ 07003	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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.			
<b>SIGNATURE:</b>  <b>John Valla, Vice President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			