

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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000004874 (0)

1. Corporation Name

PORT ST. LUCIE RESOURCES, INC.



Principal Place of Business

Mailing Address

C/O MEDICAL RESOURCES, INC.
155 STATE STREET
HACKENSACK NJ 07601

C/O MEDICAL RESOURCES, INC.
155 STATE STREET
HACKENSACK NJ 07601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1997

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NRAJ, INC.
528 EAST PARK AVE
TALLAHASSEE FL 32301

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 type (do printed name of registered agent and file a separate)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☒ DELETE
NAME	FARRELL, WILLIAM D	
STREET ADDRESS	155 STATE ST	
CITY-ST-ZIP	HACKENSACK NJ 07601	
TITLE	VD	☒ DELETE
NAME	O'MALLEY, JOHN P III	
STREET ADDRESS	155 STATE ST	
CITY-ST-ZIP	HACKENSACK NJ 07601	
TITLE	AS	☒ DELETE
NAME	DAVIS, STEPHEN M	
STREET ADDRESS	711 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D/P	☐ Change ☒ Addition
1.2 NAME	GERALD H. ALLEN	
1.3 STREET ADDRESS	155 STATE ST.	
1.4 CITY-ST-ZIP	HACKENSACK, NJ 07601	
2.1 TITLE	VITIS	☐ Change ☒ Addition
2.2 NAME	GEOFFREY A. WHYNOT	
2.3 STREET ADDRESS	155 STATE ST.	
2.4 CITY-ST-ZIP	HACKENSACK, NJ 07601	
3.1 TITLE		☐ Change ☒ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

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***150.00

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.

CR2E034 (10/97)