

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 09, 1999 8:00 am  
Secretary of State

06-09-1999 90019 029 \*\*\*550.00

DOCUMENT # F98000004595

1. Corporation Name

WESLEY MEDICAL RESOURCES, INC.

Principal Place of Business

155 STATE STREET  
HACKENSACK NJ 07601

Mailing Address

155 STATE STREET  
HACKENSACK NJ 07601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1998

4. FEI Number

APPLIED FOR 22-3577123

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 the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

28100 US 19 N

Suite 306

Clearwater FL

33761

USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WHYNOT, GEOFFREY A	
STREET ADDRESS	155 STATE STREET	
CITY-ST-ZIP	HACKENSACK NJ 07601	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MIKKELSEN, GREGORY L	
STREET ADDRESS	28100 US HIGHWAY 19 NORTH, SUITE 306	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JOYCE, CHRISTOPHER J	
STREET ADDRESS	155 STATE STREET	
CITY-ST-ZIP	HACKENSACK NJ 07601	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Maurice Arbelaez	
1.3 STREET ADDRESS	900 Chelmsford St. Suite 208	
1.4 CITY-ST-ZIP	Lowell MA 01851	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John R. Finkenkeller	
2.3 STREET ADDRESS	900 Chelmsford St. Suite 208	
2.4 CITY-ST-ZIP	Lowell MA 01851	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Paul D. Rangelli	
3.3 STREET ADDRESS	900 Chelmsford St. Suite 208	
3.4 CITY-ST-ZIP	Lowell MA 01851	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Thomas Long	
4.3 STREET ADDRESS	28100 US 19 N Suite 306	
4.4 CITY-ST-ZIP	Clearwater FL 33761	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

Thomas Long

Date

Daytime Phone #

(727) 796-8881

CR2E034 (11/98)