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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000006564

1. Corporation Name

WEST BRADENTON RESOURCES, INC.

Principal Place of Business

% MEDICAL RESOURCES, INC. - LEGAL DEPT.
155 STATE STREET
HACKENSACK NJ 07601

Mailing Address

% MEDICAL RESOURCES, INC. - LEGAL DEPT.
155 STATE STREET
HACKENSACK NJ 07601



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1998

4. FEI Number

22-3622405

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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 6015 Point West Blvd

Suite, Apt. #, etc.

City & State

23 Bradenton FL

Zip

24 34209

Country

25 USA

2a. Mailing Address

26 C/O Medical Resources, Inc.

Suite, Apt. #, etc.

27 Suite 200 - Legal Dept.

City & State

28 Hackensack, New Jersey

Zip

29 07601

Country

30 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 PD ☐ DELETE

NAME DRUMGOOLE, MICHAEL J

STREET ADDRESS 155 STATE STREET

CITY-ST-ZIP HACKENSACK NJ 07601

TITLE VS ☐ DELETE

NAME JOYCE, CHRISTOPHER J

STREET ADDRESS 155 STATE STREET

CITY-ST-ZIP HACKENSACK NJ 07601

TITLE VT ☐ DELETE

NAME WHYNOT, GEOFFREY A

STREET ADDRESS 155 STATE STREET

CITY-ST-ZIP HACKENSACK NJ 07601

TITLE D ☐ DELETE

NAME MONTOPOLI, DUANE C

STREET ADDRESS 155 STATE STREET

CITY-ST-ZIP HACKENSACK NJ 07601

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99 (201) 488-6230

CR2E034 (1/98)