## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # F98000006564 1. Entity Name WEST BRADENTON RESOURCES, INC. 08 FEB - 1 AM 9: 18 Principal Place of Business Mailing Address C/O MEDICAL RESOURCES, INC. C/O MEDICAL RESOURCES, INC 1455 BROAD ST, 4TH FL, LEGAL DEPT 1455 BROAD ST., 4TH FL, LEGAL DEPT BLOOMFIELD, NJ 07003 BLOOMFIELD, NJ 07003 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. FFi Number Applied For 22-3622405 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VD TITLE Delete TITLE Change : Addition VALLA, JOHN NAME NAME 0281708-117639298 STREET ADDRESS 1455 BROAD STREET, 4TH FLOOR STREET ADDRESS CITY-ST-ZIP BLOOMFIELD, NJ 07003 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MCCABE, DAVID M NAME NAME STREET ADDRESS 1455 BROAD STREET, 4TH FLOOR STREET ADDRESS CITY-ST-ZIP BLOOMFIELD, NJ 07003 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition ROSENSTEEL, CAROL 1455 BROAD ST., 44h A. CASKADON, MARY NAME STREET ADDRESS 1455 BROAD STREET, 4TH FLOOR STREET ADDRESS BLOOMFIELD NJ 07003 CITY-ST-ZIP BLOOMFIELD, NJ 07003 CITY-ST-7/P TITLE Delete TITLE Change Addition NAME SHENKMAN, JERROLD CODD, JOHN M. 1455 BRUADST., 44 PC. BLOOM FIELD, NJ 07003 NAME 1455 BROAD STREET, 4TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BLOOMFIELD, NJ 07003 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition STRICKLAND, D. GORDON NAME NAME STREET ADDRESS 1455 BROAD ST, 4TH FL STREET ADDRESS CHY-ST-ZIP BLOOMFIELD, NJ 07003 CITY-ST-ZIP THEF ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

JOHN Valla

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR