F9800006564

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
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SECRETARY OF STATE
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A110109

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: WEST BRADENTON RESOURCES, INC.
(Name of Corporation)
DOCUMENT NUMBER: F98000006564
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CAROL ROSENSTEEL
(Name of Person)
MEDICAL RESOURCES, INC.
(Firm/Company)
1455 BROAD STREET, 4TH FLOOR
(Address)
BLOOMFIELD, NJ 07003
(City/State and Zip code)
For further information concerning this matter, please call:
CAROL ROSENSTFEL 973 \ 873-9898

MAILING ADDRESS:

(Name of Person)

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

(Area Code & Daytime Telephone Number)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

WEST BRADENTON	
(Name of Corporat	ion) SECF
F9800000656	64
(Document Number of Corpora	ition (if known)
DELAWARE	FLOS #
(Incorporated Under L	aws of)
This corporation is no longer transacting business or conductivoluntarily surrenders its authority to transact business or conductivoluntarily surrenders.	
This corporation revokes the authority of its registered ager appoints the Department of State as its agent for service of pro- time it was authorized to transact business or conduct affairs in	ocess based on a cause of action arising during the
The following is a current mailing address for the corporation:	
c/o MEDICAL RESOURCES, INC.	
(Mailing Addres	S)
1455 BROAD STREET, 4TH FLOOR (City/ State /Zip	, BLOOMFIELD, NJ 07003
The corporation agrees to notify the Department of State in the	e future of any change in its mailing address.
(Signature of a diffector, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	2/27/09 (Date)
JOHN VALLA	VICE PRESIDENT
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35