

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91087 012 ***158.75

DOCUMENT # F98000006564

1. Entity Name
WEST BRADENTON RESOURCES, INC.



Principal Place of Business
**6015 POINT WEST BLVD.
BRADENTON FL 34209**

Mailing Address
**% MEDICAL RESOURCES, INC. - LEGAL DEPT.
125 STATE ST., STE. 200- LEGAL DEPT.
HACKENSACK NJ 07601**



2. Principal Place of Business

6015 Pointe West Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite 102

City & State
Bradenton, FL

Zip
34209

Country

City & State

Zip

Country

4. FEI Number
22-3622405

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **JOYCE, CHRISTOPHER J**
STREET ADDRESS **125 STATE ST., STE. 200**
CITY-ST-ZIP **HACKENSACK NJ 07601**

TITLE **VD** ☐ Delete
NAME **VALLA, JOHN**
STREET ADDRESS **125 STATE ST., STE. 200**
CITY-ST-ZIP **HACKENSACK NJ 07601**

TITLE **T** ☐ Delete
NAME **MCCABE, DAVID M**
STREET ADDRESS **125 STATE ST., STE. 200**
CITY-ST-ZIP **HACKENSACK NJ 07601**

TITLE **S** ☐ Delete
NAME **CASKADON, MARY**
STREET ADDRESS **449-10TH AVENUE WEST**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Assistant Secretary** ☐ Change ☒ Addition
NAME **Lynn A. Adams**
STREET ADDRESS **125 State Street, Suite 200, Legal Dept**
CITY-ST-ZIP **Hackensack, NJ 07601**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 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.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher J. Joyce

Date

Daytime Phone #

941-794-5447

CR2E034 (10/02)