## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # F98000006827

**FILED** Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90562 041 \*\*\*158.75

DOCUMENT # F9800006827  1. Entity Name HOLLYWOOD RESOURCES, INC.					04-18-2005 90562 041 ***158.75			
TOTAL TOO BY NEED ON THE STATE OF THE STATE					<b>5</b> 00000			
Principal Place of Business 4350 SHERIDAN STREET, SUITE 102 HOLLYWOOD, FL 33021		Mailing Address C/O MEDICAL RESOURCES, INC 1455 BROAD ST., 4TH FLOOR, LEGAL DEPT. HACKENSACK, NJ 07601				II <b>aa</b> ish <b>aa</b> ish askal salub ildib k	<b>10:310</b> :41 <b>461</b> 1	
Principal Place of Business     3. Mailing Address								
c/o Medical Resources, Inc.		Suite, Apt. #, etc.			<b>.</b>			
1455 Broad St., 4 <sup>th</sup> Fl., Legal Dept.				04012005	Chg-P	CR2E034 (10/03)	) '	
Bloomfield, New Jersey		City & State		4. FEI Numb		<del></del>	Applied For lot Applicable	
07003 US		Zip	Country		of Status Desired	\$8.75 Ad	dditional	
	6. Name and Address of Current F			7. Name and	d Address of New R	ree Hequir	ed	
						regionales Agein		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
·			City			EI Zip Co	da	
``				intered agent as b	sh in the Peak of Et			
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, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.  Trust Fund Contribution.  Add								
10.	OFFICERS AND D		11.	ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	JOYCE, CHRISTOPHER J 1455 BROAD ST., 4TH FLOOR STR		NAME STREET ADDRESS CITY-ST-ZIP	PD Change Addition D. Gordon Strickland 1455 Broad Street, 4 <sup>th</sup> Floor Bloomfield, NJ 07003				
TITLE	T	☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS	MCCABE, DAVID M 1455 BROAD ST., 4TH FLOOR		NAME STREET ADDRESS					
CITY-ST-ZIP	BLOOMFIELD, NJ 07003		CITY-ST-ZIP					
TITLE	VD	☐ Delete	TITLE	***************************************		☐ Change	☐ Addition	
NAME STREET ADDRESS	VALLA, JOHN 1455 BROAD ST., 4TH FLOOR		NAME STREET ADDRESS				ļ	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003		CITY-ST-ZIP				}	
TITLE NAME	S CASKADON, MARY	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS	1455 BROAD ST., 4TH FLOOR		STREET ADDRESS					
CITY-ST-ZIP	BLOOMFIELD, NJ 07003		CITY-ST-ZIP					
TITLE NAME	AS ADAMS, LYNN A	☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003		STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delele	TITLE		*	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					

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.

SUMPTIME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: Daytime Phone #