2008 FOR PROFIT CORPORATION ANNUAL REPORT

SECRETARY OF STATE DOCUMENT # F98000006827 DIVISION OF CORPORATIONS HOLLYWOOD RESOURCES, INC. 08 FEB - 1 AM 9: 03 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 FEI Number Applied For 22-3531745 Not Applicable Zip 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 Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete Change STRICKLAND, D GORDON NAME 700117639047 1455 BROAD ST., 4TH FLOOR STREET ADDRESS STREET ADDRESS 02/11/08--01005--007 **2351.25 BLOOMFIELD, NJ 07003 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE ☐ Addition MCCABE, DAVID M NAME STREET ADDRESS 1455 BROAD ST., 4TH FLOOR STREET ADDRESS CITY-ST-ZIP BLOOMFIELD, NJ 07003 CITY-ST-ZIP ItTLE ☐ Delete TITLE Change ☐ Addition VALLA, JOHN NAME NAME STREET ADDRESS 1455 BROAD ST., 4TH FLOOR STREET ADDRESS BLOOMFIELD, NJ 07003 CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE ☐ Change ROSENSTEEL, CAROL CASKADON, MARY NAME NAME 1455 BROAD ST. , 4th FL STREET ADDRESS STREET ADDRESS 1455 BROAD ST., 4TH FLOOR BLOOMFIELD NI 07003 CITY-\$T-ZIP BLOOMFIELD, NJ 07003 CITY-ST-ZIP Delete TITLE A3 Change Addition CODD, JOHN M. 1455 BROAD ST., 4th FL NAME SHENKMAN, JERROLD NAME STREET ADDRESS 1455 BROAD ST., 4TH FLOOR STREET ADDRESS BLOOMFIELD, NJ 07003 CITY-ST-7IP CITY - ST - ZIP BLOOM FIELD NJ 07003 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 12. Thereby 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. SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER