

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000024780

1. Entity Name
MEDICAL RESOURCES, LLC



Principal Place of Business
**1175 S. U.S. HWY. 1
VERO BEACH, FL 32962**

Mailing Address
**1175 S. U.S. HWY. 1
VERO BEACH, FL 32962**



04182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0715315

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLODIG, GREGORY J
GREENSPOON, MARDER, HIRSCHFELD ET AL
100 WEST CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**000000343913
04/29/05-80114-019 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JANKE, WALTER
1175 S. U.S. HWY. 1
VERO BEACH, FL 32962**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JANKE, LALITA
1175 S. US HWY 1
VERO BEACH, FL 32962**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Walter H. Janke, M.D. 04-26-05 772-410-0276