

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90023 043 \*\*\*158.75

**DOCUMENT # P01000038664**

1. Entity Name  
**FIRST MEDICAL RESOURCES, INCORPORATED**



Principal Place of Business  
**810 SATURN STREET  
STE 22  
JUPITER, FL 33477 US**

Mailing Address  
**810 SATURN STREET  
STE 22  
JUPITER, FL 33477 US**

**ZU064259**



2. Principal Place of Business  
**810 Saturn St.**

3. Mailing Address  
**810 Saturn St.**

07112005

Chg-P

CR2E034 (10/03)

Suite, Apt. #, etc.

**Suite 21**

Suite, Apt. #, etc.

**Suite 21**

City & State

**Jupiter FL**

City & State

**Jupiter FL**

Zip

**33477**

Country

**USA**

Zip

**33477**

Country

**USA**

4. FEI Number

**52-2347175**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KEENAN, JEANINE M  
761 HUMMINGBIRD WAY APT 204  
NORTH PALM BEACH, FL 33408**

7. Name and Address of New Registered Agent

Name

**Donald A Pepin**

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

**6875 Cypress Cove Cir**

City

**Jupiter**

FL

Zip Code

**33458**

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

**Donald A Pepin Donald A Pepin President**

**7/11/05**

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **PEPIN, DONALD A**  
STREET ADDRESS **6875 CYPRESS COVE CIRCLE**  
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **VP** ☐ Delete  
NAME **PEPIN, WENDY**  
STREET ADDRESS **6875 CYPRESS COVE CIRCLE**  
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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.

SIGNATURE:

**Donald A Pepin Donald A. Pepin**

**7/11/05**