## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P01000038664**

1. Entity Name ....

FIRST MEDICAL RESOURCES, INCORPORATED



Principal Place of Business

810 SATURN ST

STE 21

JUPITER, FL 33477 US

Mailing Address

810 SATURN ST STE 21

DO NOT WRITE IN THIS SPACE

JUPITER, FL 33477

FILED Jan 30, 2006 8:00 am Secretary of State

01-30-2006 90050 008 \*\*\*158.75

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01172006

No Chg-P

CR2E034 (11/05)

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

PEPIN, DONALD A 6875 CYPRESS COVE CIR JUPITER, FL 33458

## 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 harde of registered agent and the Tappicable. (INOTE: Registered Agent signature required when refinishing)  DATE				
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			scing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		
NAME STREET ADDRESS CITY-ST-ZIP	DP PEPIN, DONALD A 6875 CYPRESS COVE CIRCLE JUPITER, FL 33458			
NAME STREET ADDRESS CITY-ST-ZIP	VP PEPIN, WENDY 6875 CYPRESS COVE CIRCLE JUPITER, FL 33458			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE	
HILE NAME STREET ADDRESS CHY-SI-ZIP				
IITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CHY-ST-71P		•		

12. I hereby 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.