## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # P94000034188** 01-14-2008 90091 024 \*\*\*150.00 MEDICAL RESOURCE GROUP, INC. Principal Place of Business Mailing Address 2913 NW 68TH LANE 2913 NW 68TH LANE MARGATE, FL 33063 MARGATE, FL 33063 US 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0494323 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JULI VAN DER MEULEN DO\_NOT\_WRITE 2913 NW 68TH LANE MARGATE, FL 33063 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 pristed name of registered agent and tale if applicable OATE (NOTE: Registered Agent signisture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME VAN DER MEULEN, JULI 2913 NW 68TH LANE STREET ADORESS CITY-ST-ZIP MARGATE, FL 33063 NAME STREET ADDRESS CITY-ST-7IP TITE F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN-THIS-SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP m F NAME STREET ADORESS CITY-ST-ZP

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

**FILED** 

Jan 14, 2008 8:00 am