FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000090232 (5)
MEDICAL RESOURCES, INC.

Principal Place of Business

1256 BAYVIEW CIRCLE
FORT LAUDERDALE FL 33326

Mailing Address

1256 BAYVIEW CIRCLE

FORT LAUDERDALE FL 33326-3333

FILED Jan 23 1997 8:00am Secretary of State



FORT LAUDERDALE FL 33326		FORT LAUDERDALE PL 33326-3339			
				3. Date Incorporated or Qualified 11/04/1996	3a. Date of Last Report NA
ر <i>ح</i> ہ خہ ب	ace of Business	28. Mailing Address 26 1356 BAVV		4. FEI Number	Applied For
21 125			TEN CIRCU	E 65-0706771	Not Applicable
Suite, Apt =	#, etc. /	Suite, Apt. #, etc. /		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28 FUT AUDER	pare Fl	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 333	26, 25 U.S	zip 29 33326 30	Country US	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes 🕡 No
Name and Address of Current Registered Agent 10.				10. Name and Address of New Re	gistered Agent
HERT, JEROME A 1256 BAYVIEW CIRCE FORT LAUDERDALE FL 33326 B1 Name P USS & / HERT 82 Street Address (P.O. Box Number is Not Acceptable) / OS G BAY V) For UV (P.C. / B 84 Biy to / A. A. C. D. C. Best Zip Code of the Control of					
Ĺ			1000	(AVOGNOGIR	FL 33326
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes					
SIGNATURE	Supervise Type of a print, d harve of each stand agent a	and the element able (NOTE F	neg stered Agent signature	IRBOTOR	1 / 8 / 160 DME
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	DIRECTOR	Change Addition
NAME	HERT, JEROME A	•	1.2 NAME	المستقال المستقال	<u>-</u>
STREET ADDRESS	1256 BAYVIEW CIRCLE		1.3 STREET ADDRESS	KUSSELL S. HETOLING	. 16
CITY-ST-ZIP	FORT LAUDERDALE FL 33326		1.4 CiTY - ST - ZiP	TOOT I ALLOW ON E	FL 3332 6
TITLE	D	DELETE	21 TITLE	FOIT CHUPTE CHIA	Change Addition
NAME	HERT, MYRNA		22 NAME		_ •
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CITY-SI-ZIP	FORT LAUDERDALE FL 33326		2 4 City-St-Zip		ſ
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STREET ADDRESS			3.3 STREET ADDRESS		
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NAME			4. 2 NAME		
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CITY - ST - ZIF		DELEVE	4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY - ST - ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		
	ay portify to at the information equalized :	uth this filing done not qualify		tated in Section 119 07/3\(ii) Florida Statuti	as I further certify that the

1 do hereby certify that the information supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if charged, or on an attaching in with an address.

SIGNATURE

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayimo Phone •