

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010430

FILED
Mar 03, 2004
Secretary of State

Entity Name: MEDICAL RESOURCES UNLIMITED, INC.

Current Principal Place of Business:

195 WEKIVA SPRINGS ROAD
SUITE 209
LONGWOOD, FL 32779 US

New Principal Place of Business:

2225 EAST WELCH ROAD
APOPKA, FL 32712 US

Current Mailing Address:

195 WEKIVA SPRINGS ROAD
SUITE 209
LONGWOOD, FL 32779 US

New Mailing Address:

2225 E WELCH ROAD
APOPKA, FL 32712 US

FEI Number: 59-3436966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, CINDY
317 VALLEY DRIVE
LONGWOOD, FL 32779

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEISTNER-GRAY, CYNTHIA A
Address: 317 VALLEY DRIVE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA GRAY

P

03/03/2004

Electronic Signature of Signing Officer or Director

Date