2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # V13234



FILED May 03, 2004 8:00 am Secretary of State

1. Entity Name								05-03-2004 90703 046 ***150.00				
NATIONAL MEDICAL RESOURCES, INC.								03-03-2004	<i>90703</i> 0-	10 150.0		
Principal Plac	e of Busines	s :	Mailin	g Address			1					
2700 W. CYPRESS CREEK ROAD			2700	2700 W. CYPRESS CREEK ROAD								
D128 FT. LAUDERDALE FL 33309 US				D128 FT. LAUDERDALE FL 33309 US						 8441 8441 8484 6161		
2. Principal Place of Business			3. Mai	3. Mailing Address								
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				MOORE	CR2E	6034 (11/03)		
City & State			City	City & State			4. FEI	Number 65-0314	1425		Applied For Not Applicable	
Zip	Zip Country		Zip	Zip Country		ry	5. Cer	tificate of Status Desi	ed 🗍	\$8.75 Fee Requ	Additional tired	
		e and Address of C	urrent Registere	ed Agent			7. Nan	ne and Address of N	ew Registe	red Agent		
	- , · - -					Name						
139	LDBLATT 9 SW 20	TH ST				Street Address ((P.O. Box	Number is Not Accep	otable)			
BOC	CA RATO	N FL 33486										
						City				FL Zip C	ode	
	e named enti- tions of regis		ment for the purp	pose of changing its	registere	ed office or registe	ered agent	t, or both, in the State	of Florida.	l am familiar w	ith, and accept	
SIGNATURE							_					
	Signature, types	or printed name of register	ed agent and title if app	plicable. (NOTE	: Registered	a Agent signature require	d when reinst	ating)	D	ATE		
F	Signature, typed	o printed name of register !!! FEE IS \$150.6 O4 Fee will be \$5.6 o Florida Departin	00 50.00	olicable. (NOTE	: Registered	d Agent signature require	od when reinst	9. Election Campai Trust Fund Contr	n Financing	• _ \$5	5.00 May Be ded to Fees	
F	Signature, typed	III FEE IS \$150.0 04 Fee will be \$5: o Florida Departn	00 50.00		: Registered	d Agent signature requirer		9. Election Campaig	on Financing	9 \$5	ded to Fees	
F Afte Make Chec	Signature, typed FILE NOW or May 1, 20 k Payable t	III FEE IS \$150.0 04 Fee will be \$5. o Florida Departn OFFICER	00 50.00 nent of State					9. Election Campaig Trust Fund Contr	on Financing	9 \$5	ORS IN 11	
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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.