

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V13234

FILED
Apr 16, 2009
Secretary of State

Entity Name: NATIONAL MEDICAL RESOURCES, INC.

Current Principal Place of Business:

2700 W. CYPRESS CREEK ROAD
D128
FT. LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

2700 W. CYPRESS CREEK ROAD
D128
FT. LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 65-0314425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDBLATT, LYNN
1399 SW 20TH ST
BOCA RATON, FL 33486 US

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: TC () Delete
Name: BRANCH, PATRICIA K
Address: 10916 N. 52ND ST
City-St-Zip: TAMPA, FL

Title: PS () Delete
Name: GOLDBLATT, M. LYNN
Address: 1399 SW 20TH ST
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: M. LYNN GOLDBLATT

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date