

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90211 019 ***150.00

DOCUMENT # P00000114475

1. Entity Name
MEDICAL RESOURCE SERVICES, INC.



Principal Place of Business
7600 SOUTHAND BLVD
107
ORLANDO, FL 32809

Mailing Address
P.O BOX 678086
ORLANDO, FL 32867

14009832



2. Principal Place of Business

7616 Southland Blvd
Suite, Apt. #, etc.
102

3. Mailing Address

Suite, Apt. #, etc.

01082004

Chg-P

CR2E034 (10/03)

City & State

ORLANDO FL

City & State

4. FEI Number

65-1063737

Applied For

Not Applicable

Zip

32809

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, CHRIS
7600 SOUTHAND BLVD
107
ORLANDO, FL 32809

7. Name and Address of New Registered Agent

Name

Smith, Chris

Street Address (P.O. Box Number is Not Acceptable)

7616 Southland Blvd

Suite 102

City

ORLANDO

FL

Zip Code
32809

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-1-04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME SMITH, CHRIS
STREET ADDRESS 7600 SOUTHAND BLVD
CITY-ST-ZIP ORLANDO, FL 32809
7616 Southland Blvd
Suite 102

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME James M. Friedland
STREET ADDRESS 7616 Southland Blvd Suite 102
CITY-ST-ZIP ORLANDO, FL 32809

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-04
Date

407-856-4940
Daytime Phone #