2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F9700001067

1. Entity Name



FILED Apr 27, 2006 8:00 am Secretary of State 04-27-2006 90416 001 *3,333.75

JACKSUNVILLE RESOURCES, INC.					04-27-2000 90410 001 3,333.73				
Principal Place of Business THE MRI CENTER OF JACKSONVILLE 3728 PHILIPS HWY., STE 34 JAX, FL 32207 US		Mailing Address MEDICAL RESOURCES, INC. 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003		 			184 85119 8 4114 18	1166 1 % (61)	
2. Principal F	Place of Business	3. Mailing Address C/O MEDICAL RESO	URCES, INC.						
Suite, Apt.		Suite, Apt. #, etc. 1455 BROAD ST, 4 TH FLOOR, LEGAL DEPT		04202006	Chg-P	CR2E()34 (11/05)		
City & Stat	te	City & State BLOOMFIELD, NEW JERSEY		EY	4. FEI Numbe 22-259			N	pplied For ot Applicable
Zip	Country	Zip 07003	Country	US	5. Certificate	of Status Desired	X	\$8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent	Name		7. Name and	Address of New	Registered	Agent	
C T CORF 1200 SOU PLANTAT		et Address (P.O. Box Number is Not Acceptable)							
			City				FL	Zip Cod	le
	named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office	or register	ed agent, or bol	h, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE:	Registered Agent sign		when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	S. Election Campaig Trust Fund Contri		\$5 . □ Add	.00 May Be ed to Fees				
		Trust Fund Contri		\$5 . □ Add	ed to Fees	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
After M	ay 1, 2006 Fee will be \$550.0	Trust Fund Contri	bution.	Add	ed to Fees	CHANGES TO OF	FICERS AND	DIRECTOR Change	S IN 11
10. TITLE NAME STREET ADDRESS	OFFICERS AND E S CASKADON, MARY 1455 BROAD ST., 4TH FLOOR	Trust Fund Contri	11. TITLE NAME STREET ADDRESS	_J Add	ed to Fees	CHANGES TO OF	FICERS AND		
After M. 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S CASKADON, MARY 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003 T MCCABE, DAVID M 1455 BROAD ST., 4TH FLOOR	Trust Fund Contri	Dution. [11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S S	ed to Fees	CHANGES TO OF	FICERS AND	☐ Change	Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIG	NA	TU	RE	:
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John Valla 4/24/01 973-707-1/00
DIRECTOR Dayline Phone #