

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90003 018 \*\*\*158.75

**DOCUMENT # F97000001067**

1. Entity Name  
**JACKSONVILLE RESOURCES, INC.**



Principal Place of Business  
**3728 PHILIPS WHY  
STE 34  
JAX, FL 32207 US**

Mailing Address  
**%MEDICAL RESOURCES, INC.  
125 STATE ST, STE 200-LEGAL DEPT  
HACKENSACK, NJ 07601**

**54024183**

2. Principal Place of Business  
**The MRI Center of Jacksonville**

3. Mailing Address  
**c/o Medical Resources, Inc.**



**3728 Philips Highway, Suite 34**

**1455 Broad St., 4<sup>th</sup> Fl., Legal Dept.**

**Jacksonville, Florida**

**Bloomfield, New Jersey**

03022004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**22-2599239**

Applied For  
Not Applicable

Zip  
**32207**

Country  
**US**

Zip  
**07003**

Country  
**US**

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name

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

City

**FL**

Zip Code

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)

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
CASKADON, MARY  
449-10TH AVENUE WEST  
PALMETTO, FL 34221**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
Caskadon, Mary D.  
1455 Broad Street, 4<sup>th</sup> Floor  
Bloomfield, NJ 07003**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
MCCABE, DAVID M  
125 STATE ST, STE 200  
HACKENSACK, NJ 07601**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
McCabe, David M.  
1455 Broad Street, 4<sup>th</sup> Floor  
Bloomfield, NJ 07003**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
JOYCE, CHRISTOPHER J  
125 STATE ST, STE 200  
HACKENSACK, NJ 07601**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
Joyce, Christopher J.  
1455 Broad Street, 4<sup>th</sup> Floor  
Bloomfield, NJ 07003**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
VALLA, JOHN  
125 STATE STREET SUITE 200  
HACKENSACK, NJ 07601**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
Valla, John  
1455 Broad Street, 4<sup>th</sup> Floor  
Bloomfield, NJ 07003**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**AS  
ADAMS, LYNN A  
125 STATE STREET, STE 200, LEGAL DEPT.  
HACKENSACK, NJ 07601**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**AS  
Adams, Lynn A.  
1455 Broad Street, 4<sup>th</sup> Floor  
Bloomfield, NJ 07003**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

**Christopher J. Joyce**

**3-15-04**

**(973) 707-1100**

Date

Daytime Phone #