

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90562 044 ***158.75

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1. Entity Name
JACKSONVILLE RESOURCES, INC.



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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132005 Chg-P CR2E034 (10/03)

4. FEI Number
22-2599239

Applied For
Not Applicable

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, 2005 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 **S** ☐ Delete
NAME **CASKADON, MARY**
STREET ADDRESS **1455 BROAD ST., 4TH FLOOR**
CITY-ST-ZIP **BLOOMFIELD, NJ 07003**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **MCCABE, DAVID M**
STREET ADDRESS **1455 BROAD ST., 4TH FLOOR**
CITY-ST-ZIP **BLOOMFIELD, NJ 07003**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **JOYCE, CHRISTOPHER J**
STREET ADDRESS **1455 BROAD ST., 4TH FLOOR**
CITY-ST-ZIP **BLOOMFIELD, NJ 07003**

TITLE ☐ Change ☒ Addition
NAME **PD**
STREET ADDRESS **D. Gordon Strickland**
CITY-ST-ZIP **1455 Broad Street, 4th Floor
Bloomfield, NJ 07003**

TITLE **VD** ☒ Delete
NAME **VALLA, JOHN**
STREET ADDRESS **125 STATE STREET SUITE 200**
CITY-ST-ZIP **BLOOMFIELD, NJ 07003**

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS **Valla, John**
CITY-ST-ZIP **1455 Broad Street, 4th Floor
Bloomfield, NJ 07003**

TITLE **AS** ☐ Delete
NAME **ADAMS, LYNN A**
STREET ADDRESS **1455 BROAD ST., 4TH FLOOR**
CITY-ST-ZIP **BLOOMFIELD, NJ 07003**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

John Valla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Valla, Vice President

Date

Daytime Phone #