

2007 FOR PROFIT CORPORATION ANNUAL REPORT

158.75

DOCUMENT # F97000001067

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
C/O MEDICAL RESOURCES, INC.
1455 BROAD ST., 4TH FLOOR
BLOOMFIELD, NJ 07003

FILED
07 APR 11 PM 2:26
TALLAHASSEE, FLORIDA



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number
22-2599239
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
IN THIS SPACE

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE PD
NAME STRICKLAND, D. GORDON
STREET ADDRESS 1455 BROAD ST., 4TH FLOOR
CITY-ST-ZIP BLOOMFIELD, NJ 07003

TITLE VD
NAME VALLA, JOHN
STREET ADDRESS 1455 BROAD ST 4TH FLOOR
CITY-ST-ZIP BLOOMFIELD, NJ 07003

TITLE AS
NAME SHENKMAN, JERROLD
STREET ADDRESS 1455 BROAD ST., 4TH FLOOR
CITY-ST-ZIP BLOOMFIELD, NJ 07003

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000098563600
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IN THIS SPACE

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.

SIGNATURE:

John Valla

John Valla

4-9-07

941-744-1539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X205