

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001067

FILED
May 20, 2009
Secretary of State

Entity Name: JACKSONVILLE RESOURCES, INC.

Current Principal Place of Business:

THE MRI CENTER OF JACKSONVILLE
3728 PHILIPS HWY., STE 34
JAX, FL 32207 US

New Principal Place of Business:

THE MRI CENTER OF JACKSONVILLE
3728 PHILIPS HIGHWAY, SUITE 34
JACKSONVILLE, FL 32207 US

Current Mailing Address:

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

New Mailing Address:

551 NORTH CATTLEMEN ROAD
SUITE 202
SARASOTA, FL 34232

FEI Number: 22-3577141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CASKADON, MARY
551 NORTH CATTLEMEN ROAD
SUITE 202
SARASOTA, FL 34232 US

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.

SIGNATURE: MARY CASKADON

05/20/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: ROSENSTEEL, CAROL
Address: 1455 BROAD ST., 4TH FLOOR
City-St-Zip: BLOOMFIELD, NJ 07003

Title: T () Delete
Name: MCCABE, DAVID M
Address: 1455 BROAD ST., 4TH FLOOR
City-St-Zip: BLOOMFIELD, NJ 07003

Title: PD () Delete
Name: STRICKLAND, D. GORDON
Address: 1455 BROAD ST., 4TH FLOOR
City-St-Zip: BLOOMFIELD, NJ 07003

Title: VD () Delete
Name: VALLA, JOHN
Address: 1455 BROAD ST 4TH FLOOR
City-St-Zip: BLOOMFIELD, NJ 07003

Title: AS (X) Delete
Name: CODD, JOHN M
Address: 1455 BROAD ST., 4TH FLOOR
City-St-Zip: BLOOMFIELD, NJ 07003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILEY, STEPHEN M M.D.
Address: 551 NORTH CATTLEMEN ROAD, SUITE 202
City-St-Zip: SARASOTA, FL 34232

Title: VD (X) Change () Addition
Name: PALKOVICH, DAVID
Address: 551 NORTH CATTLEMEN ROAD, SUITE 202
City-St-Zip: SARASOTA, FL 34232

Title: T (X) Change () Addition
Name: CARTER, KAY CPA
Address: 551 NORTH CATTLEMEN ROAD, SUITE 202
City-St-Zip: SARASOTA, FL 34232

Title: S (X) Change () Addition
Name: CASKADON, MARY
Address: 551 NORTH CATTLEMEN ROAD, SUITE 202
City-St-Zip: SARASOTA, FL 34232

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY CASKADON

SECR

05/20/2009

Electronic Signature of Signing Officer or Director

Date