

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90562 048 ***158.75

DOCUMENT # F97000002675

1. Entity Name
MRI CAPSTONE RESOURCES, INC.



Principal Place of Business
**C/O MEDICAL RESOURCES, INC.
1455 BROAD ST., 4TH FLOOR, LEGAL DEPT.
BLOOMFIELD, NJ 07003**

Mailing Address
**C/O MEDICAL RESOURCES, INC.
1455 BROAD ST., 4TH FLOOR, LEGAL DEPT.
BLOOMFIELD, NJ 07003**

20036153



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
22-3521648

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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

TITLE	S	<input type="checkbox"/> Delete
NAME	CASKADON, MARY	
STREET ADDRESS	1455 BROAD ST., 4TH FLOOR	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCABE, DAVID M	
STREET ADDRESS	1455 BROAD ST., 4TH FLOOR	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOYCE, CHRISTOPHER J	
STREET ADDRESS	1455 BROAD ST., 4TH FLOOR	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VALLA, JOHN	
STREET ADDRESS	1455 BROAD ST., 4TH FLOOR	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ADAMS, LYNN A	
STREET ADDRESS	1455 BROAD ST., 4TH FLOOR	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. Gordon Strickland	
STREET ADDRESS	1455 Broad Street, 4th Floor	
CITY-ST-ZIP	Bloomfield, NJ 07003	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

John Valla, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #