

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED

07 APR 11 PM 2:26

DEPT. OF REVENUE
TALLAHASSEE, FLORIDA



04022007 No Chg-P CR2E034 (11/05)

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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

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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	

800098563628
04/25/07-01022-005 **227.50

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Valla 4-9-07 941-744-1539

Date

Daytime Phone #