

F97000002675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

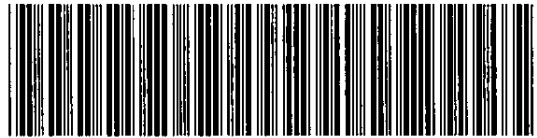
(Business Entity Name)

(Document Number)

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withdrawal

10/22/08--01037--005 \*\*35.00

2808 OCT 22 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ASR  
10/28/08



# MEDICAL RESOURCES, INC.

*Healthcare Imaging Specialists*  
1455 Broad Street  
Bloomfield, NJ 07003  
973-707-1100 - Phone  
973-707-1118 - Fax  
www.mrii.com

October 17, 2008

Florida Department of State  
Division of Corporations  
Amendment Section, Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**Re: MRI CAPSTONE RESOURCES, INC.  
Florida Doc# F97000002675  
Withdrawal Application**

Dear Sir or Madam:

Enclosed herewith is the withdrawal application for MRI CAPSTONE RESOURCES, INC. and our check # 0290850 in the amount of \$35.00 in payment of the filing fee.

Please date/stamp a copy marked "FILED" and return to me in the self-addressed, stamped envelope provided.

Should you have any questions, please contact me at 973-873-9898.

Sincerely,

Carol Rosensteel,  
Paralegal

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MRI CAPSTONE RESOURCES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** F97000002675

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

Carol Rosensteel  
(Name of Person)  
Medical Resources, Inc.  
(Firm/Company)  
1455 Broad Street, 4th Floor  
(Address)  
Bloomfield, NJ 07003  
(City/State and Zip code)

For further information concerning this matter, please call:

Carol Rosensteel at ( 973 ) 873-9898  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

**MRI CAPSTONE RESOURCES, INC.**

(Name of Corporation)

**F97000002675**

(Document Number of Corporation (if known))

**DELAWARE**

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

**c/o MEDICAL RESOURCES, INC., 1455 BROAD ST., 4TH FL**

(Mailing Address)

**BLOOMFIELD, NJ 07003**

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

(Signature of a director, president or other officer - If in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

**JOHN VALLA**

(Typed or printed name of person signing)

10/17/08  
(Date)

**VICE PRESIDENT**

(Title of person signing)

**FILING FEE \$35**

**FILED**  
2008 OCT 22 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA