

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB -1 AM 8:57

DOCUMENT # F97000003862

1. Entity Name
CHARLOTTE RESOURCES, INC.



Principal Place of Business
MRI OF CHARLOTTE COUNTY
4161 TAMiami TRAIL, STE. 204
PORT CHARLOTTE, FL 33952 US

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



01162008 Chg-P CR2E034 (12/06)

4. FEI Number
22-3525039
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STRICKLAND, D GORDON	
STREET ADDRESS	1455 BROAD ST., 4TH FLR.	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCABE, DAVID M	
STREET ADDRESS	1455 BROAD ST., 4TH FLR.	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VALLA, JOHN	
STREET ADDRESS	1455 BROAD ST., 4TH FLR.	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CASKADON, MARY	
STREET ADDRESS	1455 BROAD ST., 4TH FLR.	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	SHENKMAN, JERROLD	
STREET ADDRESS	1455 BROAD ST., 4TH FLR.	
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	100117639001	
STREET ADDRESS	02/11/08--01005--007 **2351.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENSTEEL, CAROL	
STREET ADDRESS	1455 BROAD ST., 4TH FL.	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CODD, JOHN M.	
STREET ADDRESS	1455 BROAD ST. 4TH FL	
CITY-ST-ZIP	Bloomfield, NJ 07003	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TS 2/1/08	
STREET ADDRESS		
CITY-ST-ZIP		

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 1/17/08 973-873-9898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #