

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90003 017 ***158.75

DOCUMENT # F97000004246

1. Entity Name
JUPITER MRI, INC.



Principal Place of Business
**125 STATE STREET
STE 200, LEGAL DEPT
HACKENSACK, NJ 07601 US**

Mailing Address
**C/O MEDICAL RESOURCES, INC
125 STATE ST, STE 200-LEGAL DEPT
HACKENSACK, NJ 07601**

54024184



2. Principal Place of Business
c/o Medical Resources, Inc.

3. Mailing Address
c/o Medical Resources, Inc.

1455 Broad St., 4th Fl., Legal Dept.

02272004 Chg-P CR2E034 (10/03)

Bloomfield, New Jersey

4. FEI Number
22-3531469

Applied For
☐ Not Applicable

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

Zip **07003** Country **US** Zip **07003** Country **US**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCABE, DAVID M		NAME	McCabe, David M.	
STREET ADDRESS	125 STATE ST, STE 200		STREET ADDRESS	1455 Broad Street, 4 th Floor	
CITY-ST-ZIP	HACKENSACK, NJ 07601		CITY-ST-ZIP	Bloomfield, NJ 07003	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE, CHRISTOPHER J		NAME	Joyce, Christopher J.	
STREET ADDRESS	125 STATE ST, STE 200		STREET ADDRESS	1455 Broad Street, 4 th Floor	
CITY-ST-ZIP	HACKENSACK, NJ 07601		CITY-ST-ZIP	Bloomfield, NJ 07003	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLA, JOHN		NAME	Valla, John	
STREET ADDRESS	125 STATE ST, STE 200		STREET ADDRESS	1455 Broad Street, 4 th Floor	
CITY-ST-ZIP	HACKENSACK, NJ 07601		CITY-ST-ZIP	Bloomfield, NJ 07003	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASKADON, MARY		NAME	Caskadon, Mary D.	
STREET ADDRESS	125 STATE ST, STE 200		STREET ADDRESS	1455 Broad Street, 4 th Floor	
CITY-ST-ZIP	HACKENSACK, NJ 07601		CITY-ST-ZIP	Bloomfield, NJ 07003	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, LYNN A		NAME	Adams, Lynn A.	
STREET ADDRESS	125 STATE ST, STE 200, LEGAL DEPT		STREET ADDRESS	1455 Broad Street, 4 th Floor	
CITY-ST-ZIP	HACKENSACK, NJ 07601		CITY-ST-ZIP	Bloomfield, NJ 07003	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Christopher J. Joyce** **3-15-04** (973) 707-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #