F97000004246

(Req	juestor's Name)	
(Add	lress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Document Number)		
Certified Copies	.Certificate:	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800071257118

Withde

06/27/06--01020--007 **306.25

FILED

06 JW 22 PM 2: 04

SECRETARY OF STATE
TALLARIASSEE, FLORIDA

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJI	ECT:	Jupiter MRI, Inc.	
	<u> </u>	(Name of Corporation)	
DOCU	MENT NUMBER:	F97000004246	
The en	closed withdrawal application	and fee are submitted for filing.	
	return all correspondence conc to the following:	erning this	
		Mary Caskadon	
		(Name of Person)	
	c/o	Medical Resources, Inc.	
		(Firm/Company)	
	47	60 State Road 64 East	
		(Address)	
Bradenton, Florida 34208			
		(City/State and Zip code)	
For fur	ther information concerning th	s matter, please call:	
	Mary Caskador	at (941) 744-1539 ext. 205	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
	MAILING ADDRESS Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	Amendment Section	

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

Jupiter MRI, Inc.		
(Name of Corporation)		
Jupiter MRI, Inc. (Name of Corporation) F97000004246 (Document Number of Corporation (if known)		
(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 Street, 4th Floor (Mailing Address)		
Bloomfield, New Jersey 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) (Date)		
John Valla Vice President (Typed or printed name of person signing) (Title of person signing)		

FILING FEE \$35