


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-30-2004 90003 015 \*\*\*158.75

<b>DOCUMENT # F97000004325</b>					
<b>1. Entity Name</b> BRADENTON RESOURCES, INC.					
<b>Principal Place of Business</b> 410 FOURTH AVENUE EAST BRADENTON, FL 34208 US			<b>Mailing Address</b> C/O MEDICAL RESOURCES, INC 125 STATE ST, STE 200-LEGAL DEPT HACKENSACK, NJ 07601		
<b>2. Principal Place of Business</b> Magnetic Imaging Center of Manatee		<b>3. Mailing Address</b> c/o Medical Resources, Inc.			
201 - 2 <sup>nd</sup> Street East		1455 Broad St., 4 <sup>th</sup> Fl., Legal Dept.			
Bradenton, Florida		Bloomfield, New Jersey			
Zip 34208	Country US	Zip 07003	Country US	03022004 Chg-P CR2E034 (10/03)	
<b>4. FEI Number</b> 22-3534794				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> MCCABE, DAVID M 125 STATE ST, STE 200 HACKENSACK, NH 07601	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> McCabe, David M. 1455 Broad Street, 4 <sup>th</sup> Floor Bloomfield, NJ 07003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> JOYCE, CHRISTOPHER J 125 STATE ST, STE 200 HACKENSACK, NH 07601	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> Joyce, Christopher J. 1455 Broad Street, 4 <sup>th</sup> Floor Bloomfield, NJ 07003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> VALLA, JOHN 125 STATE ST, STE 200 HACKENSACK, NH 07601	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> Valla, John 1455 Broad Street, 4 <sup>th</sup> Floor Bloomfield, NJ 07003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> ADAMS, LYNN 125 STATE STREE STE 200 LEGAL DEPT HACKENSACK, NJ 07601	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> Adams, Lynn A. 1455 Broad Street, 4 <sup>th</sup> Floor Bloomfield, NJ 07003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> CASKADON, MARY 125 STATE STREET STE 200 LEGAL HACKENSACK, NJ 07601	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> Caskadon, Mary D. 1455 Broad Street, 4 <sup>th</sup> Floor Bloomfield, NJ 07003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b>		Christopher J. Joyce 3-15-04 (973) 707-1100			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			



# MEDICAL RESOURCES, INC.

Healthcare Imaging Specialists

March 25, 2004

*Attachment*

*54024186*

Southeast Regional Corporate Office

Airborne Ground Delivery  
2325261540

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399  
Attn: Uniform Business Reports

Re: 2004 Uniform Business Reports

Dear Sir or Madam:

Enclosed herewith are the 2004 Uniform Business Reports for the following 21 corporations as set forth below, along with a separate check in the amount of \$158.75 in payment of the \$150 filing fee and \$8.75 certificate of status for each corporation. Should you have any questions, please call me at (941) 744-1530, ext. 205. Thank you.

<u>Corporation Name</u>	<u>File Number</u>	<u>Check #</u>	<u>Amount</u>
1. Bradenton Resources, Inc.	F97000004325	O217989	\$158.75
2. Central Fort Myers Resources, Inc.	F95000001909	O218180	\$158.75
3. Charlotte Resources, Inc.	F97000003862	O217990	\$158.75
4. Clearwater Resources, Inc.	F96000002414	O218003	\$158.75
5. Coral Way Resources, Inc.	F97000003941	O217991	\$158.75
6. Fort Myers Resources, Inc.	F95000001911	O218181	\$158.75
7. Gulf Coast MR Inc.	F93000002602	O217987	\$158.75
8. Hollywood Resources, Inc.	F98000006827	O217992	\$158.75
9. Imaging Resources, Inc.	P02569	O217993	\$158.75
10. Integrated Health Network, Inc.	F97000001729	O217994	\$158.75
11. Jacksonville Resources, Inc.	F97000001067	O217995	\$158.75
12. Jupiter MRI, Inc.	F97000004246	O217996	\$158.75
13. Melbourne Resources, Inc.	F97000000102	O217997	\$158.75
14. Morgan Medical Corporation	J01687	O217998	\$158.75
15. MRI Capstone Resources, Inc.	F97000002675	O218182	\$158.75
16. MRI-South Umberton, Inc.	G65005	O217999	\$158.75
17. Sarasota Resources, Inc.	F97000004324	O217988	\$158.75
18. Tampa Bay Medical Resources, Inc.	F96000003575	O218000	\$158.75
19. Venice Resources, Inc.	F97000004326	O218001	\$158.75
20. West Bradenton Resources, Inc.	F98000006564	O218002	\$158.75
21. West Palm Beach Resources, Inc.	F97000001196	O218183	\$158.75

Very truly yours,

*Mary Caskador*

Mary Caskador  
Paralegal