
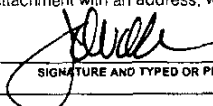


2008 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB -1 AM 8:54

DOCUMENT # F97000004325					
1. Entity Name BRADENTON RESOURCES, INC.					
Principal Place of Business MAGNETIC IMAGING CENTER OF MANATEE 201 2ND STREET EAST BRADENTON, FL 34208 US			Mailing Address C/O MEDICAL RESOURCES, INC 1455 BROAD ST, 4TH FLOOR, LEGAL DEPT BLOOMFIELD, NJ 07003 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01162008 Chg-P CR2E034 (12/06)	
4. FEI Number 22-3534794				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM C/O 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. <input type="checkbox"/>		\$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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCABE, DAVID M		NAME	500117638985	
STREET ADDRESS	1455 BROAD ST., 4TH FLR.		STREET ADDRESS	02/17/08--01005--007	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003		CITY-ST-ZIP	**2351.25	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRICKLAND, GORDON D		NAME		
STREET ADDRESS	1455 BROAD STREET, 4TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD, NJ 07003		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALLA, JOHN		NAME		
STREET ADDRESS	1455 BROAD ST., 4TH FLR.		STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD, NJ 07003		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHENKMAN, JERROLD		NAME	CODD, JOHN M.	
STREET ADDRESS	1455 BROAD ST., 4TH FLR.		STREET ADDRESS	1455 BROAD STREET, 4TH FL.	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003		CITY-ST-ZIP	Bloomfield, NJ 07003	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASKADON, MARY		NAME	ROSENSTEEL, CAROL	
STREET ADDRESS	1455 BROAD ST., 4TH FLR.		STREET ADDRESS	1455 BROAD STREET, 4TH FL	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003		CITY-ST-ZIP	Bloomfield, NJ 07003	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	TS 2/1/08	
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 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 #	