

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004325

FILED  
May 20, 2009  
Secretary of State

Entity Name: BRADENTON RESOURCES, INC.

## Current Principal Place of Business:

MAGNETIC IMAGING CENTER OF MANATEE  
201 2ND STREET EAST  
BRADENTON, FL 34208 US

## New Principal Place of Business:

551 NORTH CATTLEMEN ROAD  
SUITE 202  
SARASOTA, FL 34232 US

## Current Mailing Address:

C/O MEDICAL RESOURCES, INC  
1455 BROAD ST, 4TH FLOOR, LEGAL DEPT  
BLOOMFIELD, NJ 07003 US

## New Mailing Address:

551 NORTH CATTLEMEN ROAD  
SUITE 202  
SARASOTA, FL 34232 US

FEI Number: 22-3534794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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 US

## Name and Address of New Registered Agent:

CASKADON, MARY  
551 NORTH CATTLEMEN ROAD  
SUITE 202  
SARASOTA, FL 34232 US

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.

SIGNATURE: MARY CASKADON

05/20/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: MCCABE, DAVID M  
Address: 1455 BROAD ST., 4TH FLR.  
City-St-Zip: BLOOMFIELD, NJ 07003

Title: PD ( ) Delete  
Name: STRICKLAND, GORDON D  
Address: 1455 BROAD STREET, 4TH FLOOR  
City-St-Zip: BLOOMFIELD, NJ 07003

Title: VD ( ) Delete  
Name: VALLA, JOHN  
Address: 1455 BROAD ST., 4TH FLR.  
City-St-Zip: BLOOMFIELD, NJ 07003

Title: AS ( ) Delete  
Name: CODD, JOHN M  
Address: 1455 BROAD ST., 4TH FLR.  
City-St-Zip: BLOOMFIELD, NJ 07003

Title: S (X) Delete  
Name: ROSENSTEEL, CAROL  
Address: 1455 BROAD ST., 4TH FLR.  
City-St-Zip: BLOOMFIELD, NJ 07003

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MILEY, STEPHEN M M.D.  
Address: 551 NORTH CATTLEMEN ROAD, SUITE 202  
City-St-Zip: SARASOTA, FL 34232

Title: VD (X) Change ( ) Addition  
Name: PALKOVICH, DAVID  
Address: 551 NORTH CATTLEMEN ROAD, SUITE 202  
City-St-Zip: SARASOTA, FL 34232

Title: T (X) Change ( ) Addition  
Name: CARTER, KAY CPA  
Address: 551 NORTH CATTLEMEN ROAD, SUITE 202  
City-St-Zip: SARASOTA, FL 34232

Title: S (X) Change ( ) Addition  
Name: CASKADON, MARY  
Address: 551 NORTH CATTLEMEN ROAD, SUITE 202  
City-St-Zip: SARASOTA, FL 34232

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY CASKADON

SECR

05/20/2009

Electronic Signature of Signing Officer or Director

Date