


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-30-2004 90003 020 \*\*\*158.75

<b>DOCUMENT # P02569</b> 1. Entity Name <b>IMAGING RESOURCES, INC.</b>					
Principal Place of Business <b>C/O MEDICAL RESOURCES, INC</b> <b>125 STATE ST, STE 200-LEGAL DEPT</b> <b>HACKENSACK, NJ 07601 US</b>				Mailing Address <b>C/O MEDICAL RESOURCES, INC</b> <b>125 STATE ST, STE 200-LEGAL DEPT</b> <b>HACKENSACK, NJ 07601 US</b>	
2. Principal Place of Business <b>c/o Medical Resources, Inc.</b> <b>1455 Broad St., 4<sup>th</sup> Fl., Legal Dept.</b> <b>Bloomfield, New Jersey</b>				3. Mailing Address <b>c/o Medical Resources, Inc.</b> <b>1455 Broad St., 4<sup>th</sup> Fl., Legal Dept.</b> <b>Bloomfield, New Jersey</b>	
Zip <b>07003</b> Country <b>US</b>		Zip <b>07003</b> Country <b>US</b>		03022004 Chg-P CR2E034 (10/03)	
4. FEI Number <b>13-3584552</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND RD.</b> <b>PLANTATION, FL 33324</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing 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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CDS</b> <b>JOYCE, CHRISTOPHER J</b> <b>125 STATE ST, STE 200</b> <b>HACKENSACK, NJ 07601</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CDS</b> <b>Joyce, Christopher J.</b> <b>1455 Broad Street, 4<sup>th</sup> Floor</b> <b>Bloomfield, NJ 07003</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HOLTZ, CHRISTINA</b> <b>125 STATE ST STE 207</b> <b>HACKENSACK, NJ 07601</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Holtz, Christina</b> <b>1455 Broad Street, 4<sup>th</sup> Floor</b> <b>Bloomfield, NJ 07003</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>VALLA, JOHN</b> <b>125 STATE ST, STE 200</b> <b>HACKENSACK, NJ 07601</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>Valla, John</b> <b>1455 Broad Street, 4<sup>th</sup> Floor</b> <b>Bloomfield, NJ 07003</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>ADAMS, LYNN A</b> <b>125 STATE ST STE 200</b> <b>HACKENSACK, NJ 07601</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>Adams, Lynn A.</b> <b>1455 Broad Street, 4<sup>th</sup> Floor</b> <b>Bloomfield, NJ 07003</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLEWITT, STEPHEN</b> <b>125 STATE ST STE 200</b> <b>HACKENSACK, NJ 07601</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Directors:</b> <b>Blewitt, Stephen J.</b> <b>Mooers, Morian C.</b> <b>Pollock, Jeffrey A.</b> <b>Strickland, Gordon D.</b> <b>Tanner, Barry W.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOERE, MORIAN</b> <b>125 STATE ST STE 200</b> <b>HACKENSACK, NJ 07601</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>c/oMedical Resources, Inc.</b> <b>1455 Broad St., 4<sup>th</sup> Floor</b> <b>Legal Department</b> <b>Bloomfield, NJ 07003</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>SIGNATURE:</b> _____			<b>Christopher J. Joyce</b> <b>3-15-04</b> <b>(973) 707-1100</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					