2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State
04-27-2006 90416 001 *3,333.75

DOCUMENT # P02569

1. Entity Name
IMAGING RESOURCES, INC.

Principal Place of Business	Mailing Address
C/O MEDICAL RESOURCES, INC 1455 BROAD ST., 4TH FLOOR, LEGAL DEPT. BLOOMFIELD, NJ 07003 US	C/O MEDICAL RESOURCES, INC 1455 BROAD ST., 4TH FLOOR, LEGAL DEPT. BLOOMFIELD, NJ 07003 US

04202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-3584552 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP ☐ Delete STRICKLAND, D. GORDON 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/CEO ☒ Change ☐ Addition D. Gordon Strickland 1455 Broad Street, 4th Floor Bloomfield, NJ 07003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☒ Delete HOLTZ, CHRISTINA 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/CFO ☐ Change ☒ Addition David M. McCabe 1455 Broad Street, 4th Floor Bloomfield, NJ 07003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO ☐ Delete VALLA, JOHN 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/COO ☒ Change ☐ Addition John Valla 1455 Broad Street, 4th Floor Bloomfield, NJ 07003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ☒ Delete ADAMS, LYNN A 125 STATE ST STE 200 BLOOMFIELD, NJ 07003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S ☐ Change ☒ Addition Jerrold Shenkman 1455 Broad Street, 4th Floor Bloomfield, NJ 07003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete BLEWITT, STEPHEN 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete MOERE, MORIAN 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 4/24/06 973-707-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #