2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State
02-01-2007 90023 048 ***150.00

DOCUMENT # P99000105548

1. Entity Name
A-1 OPEN MRI INC.

Principal Place of Business	Mailing Address
4661 JOHNSON ROAD SUITE 4 COCONUT CREEK FL 33073 US	4661 JOHNSON ROAD SUITE 4 COCONUT CREEK FL 33073 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2825 N University Dr -	
Suite, Apt. #, etc.: 100	Suite, Apt. #, etc.
City & State: Coral Springs, FL	City & State
Zip: 33065 Country: USA	Zip Country

4. FEI Number 65-0966017 ☐ 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
HEARST, RITA 4661 JOHNSON ROAD SUITE 4 COCONUT CREEK FL 33073	Name: Rita Hearst Street Address (P.O. Box Number is Not Acceptable): 2825 N University Dr. #100 City: Coral Springs FL Zip Code: 33065

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: Rita Hearst
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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

Rita Hearst

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	P HEARST, RITA 4661 JOHNSON ROAD, SUITE 4 COCONUT CREEK FL 33073 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Rita Hearst~~ Owner Rita Hearst 2825 N. University Dr. Coral Springs, FL 33065 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rita Hearst ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / V. President ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rita Hearst ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rita Hearst ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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 Section 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: Rita Hearst 1/24/07 954-596-5222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #