

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000006696

**Entity Name:** MRI IMAGING SPECIALISTS, CORP.

**Current Principal Place of Business:**

930 S ORANGE AVE  
STE 1  
ORLANDO, FL 32806

**Current Mailing Address:**

930 S ORANGE AVE  
STE 1  
ORLANDO, FL 32806 US

**FEI Number:** 27-4626042

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEON, DAISY  
930 S ORANGE AVE  
STE 1  
ORLANDO, FL 32806 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name LEON, DAISY  
Address 8501 S.W. 44 STREET  
City-State-Zip: MIRAMAR FL 33029

Title P  
Name TUREK, THOMAS E  
Address 7332 BARCLAY CT  
City-State-Zip: UNIVERSITY FL 34201

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAISY LEON

**PRESIDENT**

**01/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date