


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000002742 1. Entity Name REGIONAL MRI OF ORLANDO, INC.	
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Principal Place of Business 5200 DAVISSON AVE., SUITE B ORLANDO, FL 32810	Mailing Address 9191 TOWNE CENTRE DRIVE, #400 SAN DIEGO, CA 92122
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DO NOT WRITE IN THIS SPACE



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3550056	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VEGA, MARITZA 5200 DAVISSON AVE., SUITE B ORLANDO, FL 32810
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD HULSEBUS, M. LEE 9191 TOWNE CENTRE DR., #400 SAN DIEGO, CA 92122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MUEHLBERG, ROBERT S 9191 TOWNE CENTRE DR., #400 SAN DIEGO, CA 92122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SEIBERT, ROSS S 9191 TOWNE CENTRE DR., #400 SAN DIEGO, CA 92122
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03/15/04-80028-019 158.75

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: <u>Ross S. Seibert CFO</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>Ross S. Seibert</u> Date	<u>3/8/04</u> Daytime Phone #	<u>858-455-7127 x 14</u>
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