

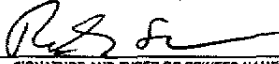


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000002742						
1. Entity Name REGIONAL MRI OF ORLANDO, INC.						
Principal Place of Business 5200 DAVISSON AVE., SUITE B ORLANDO, FL 32810	Mailing Address 9191 TOWNE CENTRE DRIVE, #400 SAN DIEGO, CA 92122	 02012005 No Chg-P CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 59-3550056</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-3550056	Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent VEGA, MARITZA 5200 DAVISSON AVE., SUITE B ORLANDO, FL 32810		DO NOT WRITE IN THIS SPACE				
B. 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 _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 400000258825 03/10/05-80058-021 158.75				
10. OFFICERS AND DIRECTORS						
TITLE	CD	DO NOT WRITE IN THIS SPACE				
NAME	HULSEBUS, M. LEE					
STREET ADDRESS	9191 TOWNE CENTRE DR., #400					
CITY - ST - ZIP	SAN DIEGO, CA 92122					
TITLE	DP					
NAME	MUEHLBERG, ROBERT S					
STREET ADDRESS	9191 TOWNE CENTRE DR., #400					
CITY - ST - ZIP	SAN DIEGO, CA 92122					
TITLE	S					
NAME	SEIBERT, ROSS S					
STREET ADDRESS	9191 TOWNE CENTRE DR., #400					
CITY - ST - ZIP	SAN DIEGO, CA 92122					
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
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:  Ross S. Seibert		Date 2/11/2005 958-455-7127				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>				