

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002744

FILED
Feb 03, 2005
Secretary of State

Entity Name: REGIONAL MRI OF JACKSONVILLE, INC.

Current Principal Place of Business:

4933 UNIVERSITY BLVD., WEST
JACKSONVILLE, FL 32216

New Principal Place of Business:

9872 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32257 US

Current Mailing Address:

9191 TOWNE CENTRE DRIVE, SUITE 400
SAN DIEGO, CA 92122

New Mailing Address:

9872 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32257 US

FEI Number: 59-3568075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, LORRAINE
4933 UNIVERSITY BLVD W
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: ALEXIS CASSIDY

02/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HULSEBUS, M. LEE
Address: 9191 TOWNE CENTRE DRIVE, #400
City-St-Zip: SAN DIEGO, CA 92122

Title: DP () Delete
Name: MUEHLBERG, ROBERT S
Address: 9191 TOWNE CENTRE DRIVE, #400
City-St-Zip: SAN DIEGO, CA 92122

Title: S () Delete
Name: SEIBERT, ROSS S
Address: 9191 TOWNE CENTRE DRIVE, #400
City-St-Zip: SAN DIEGO, CA 92122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: HULSEBUS, M. LEE
Address: 9191 TOWNE CENTRE DRIVE, #400
City-St-Zip: SAN DIEGO, CA 92122 US

Title: DP (X) Change () Addition
Name: MUEHLBERG, ROBERT S
Address: 9191 TOWNE CENTRE DRIVE, #400
City-St-Zip: SAN DIEGO, CA 92122 US

Title: S (X) Change () Addition
Name: SEIBERT, ROSS S
Address: 9191 TOWNE CENTRE DRIVE, #400
City-St-Zip: SAN DIEGO, CA 92122 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROSS S. SEIBERT

S

02/03/2005

Electronic Signature of Signing Officer or Director

Date