

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90196 048 ***158.75

60030327



DOCUMENT # F02000002744 1. Entity Name REGIONAL MRI OF JACKSONVILLE, INC.					
Principal Place of Business 9872 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257 US			Mailing Address 9872 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>9191 Towne Centre Dr. #400</i> Suite, Apt. #, etc.		04262006 Chg-P CR2E034 (11/05)	
City & State		City & State <i>San Diego, CA 92122</i>		4. FEI Number 59-3568075	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CD HULSEBUS, M. LEE 9191 TOWNE CENTRE DRIVE, #400 SAN DIEGO, CA 92122	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MUEHLBERG, ROBERT S 9191 TOWNE CENTRE DRIVE, #400 SAN DIEGO, CA 92122	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEIBERT, ROSS S 9191 TOWNE CENTRE DRIVE, #400 SAN DIEGO, CA 92122	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S wadsworth, Ann 9191 Towne Centre Dr. #400 San Diego, CA 92122	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arnwine, Don same as above	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S wadsworth, Ann 9191 Towne Centre Dr. #400 San Diego, CA 92122	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Ann Wadsworth</i> <i>Ann WADSWORTH, Secretary</i> <i>4/25/06</i> <i>858-455-7127</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					