

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002065

Entity Name: CRESTVIEW MRI, INC.

FILED
Jun 25, 2009
Secretary of State

Current Principal Place of Business:

1700 HOSPITAL DRIVE
CRESTVIEW, FL 32539

New Principal Place of Business:

700 HOSPITAL DRIVE
CRESTVIEW, FL 32539

Current Mailing Address:

1700 HOSPITAL DRIVE
CRESTVIEW, FL 32539

New Mailing Address:

2003A WHITESBURG DRIVE
HUNTSVILLE, AL 35801

FEI Number: 26-0333623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STOLTMAN, ANGIE
1700 HOSPITAL DRIVE
CRESTVIEW, FL 32539 US

Name and Address of New Registered Agent:

STOLTMAN, ANGIE
700 HOSPITAL DRIVE
CRESTVIEW, FL 32539 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:

06/25/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MEDLEN, BART A
Address: 1700 HOSPITAL DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: DVS () Delete
Name: TAYLOR, WILLIAM E
Address: 188 TANNER ROAD
City-St-Zip: NEW MARKET, AL 35761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MEDLEN, BART A
Address: 700 HOSPITAL DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BART A MEDLEN

DP

06/25/2009

Electronic Signature of Signing Officer or Director

Date