

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003688

FILED
Apr 01, 2009
Secretary of State

Entity Name: CLINICAL MAGNETIC RESONANCE SOCIETY, INC.

Current Principal Place of Business:

5620 W SLIGH AVE
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

5620 W SLIGH AVE
TAMPA, FL 33634

New Mailing Address:

FEI Number: 31-1437334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNTER, STEPHEN
5620 W SLIGH AVE
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

LEWIS, DONNA B EXEC DI
5620 W SLIGH AVE
TAMPA, FL 33634 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: DONNA B. LEWIS

04/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEWIS, DONNA B
Address: 5620 W SLIGH AVE
City-St-Zip: TAMPA, FL 33634

Title: P () Delete
Name: ZLATKIN, MICHAEL B MD
Address: 5620 W SLIGH AVE
City-St-Zip: TAMPA, FL 33634

Title: ST () Delete
Name: AWH, MARK H MD
Address: 5620 W SLIGH AVE
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA B. LEWIS

D

04/01/2009

Electronic Signature of Signing Officer or Director

Date