2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2010
Secretary of State

DOCUMENT# F08000003688

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:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

Title: ST
Name: NARRA, VAMSI R MD
Address: 5620 W. SLIGH AVE.
City-St-Zip: TAMPA, FL 33634

I hereby 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 all other like empowered.

SIGNATURE: DONNA B LEWIS D 03/29/2010
Electronic Signature of Signing Officer or Director Date