

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90562 049 ***158.75

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04132005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0715232

Applied For	
Not Applicable	

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DOCUMENT # G65005

1. Entity Name
MRI - SOUTH UMBERTON, INC.



Principal Place of Business MRA OPEN MRI 6500-66TH ST NORTH PINELLAS PARK, FL 33781 US	Mailing Address C/O MEDICAL RESOURCES, INC 1455 BROAD ST, 4TH FLOOR. LEGAL DEPT BLOOMFIELD, NJ 07003 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME MCCABE, DAVID M STREET ADDRESS 1455 BROAD ST, 4TH FLOOR CITY-ST-ZIP BLOOMFIELD, NJ 07003	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD NAME JOYCE, CHRISTOPHER J STREET ADDRESS 1455 BROAD ST, 4TH FLOOR CITY-ST-ZIP BLOOMFIELD, NJ 07003	<input checked="" type="checkbox"/> Delete	PD NAME D. Gordon Strickland STREET ADDRESS 1455 Broad Street, 4th Floor CITY-ST-ZIP Bloomfield, NJ 07003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VD NAME VALLA, JOHN STREET ADDRESS 1455 BROAD ST, 4TH FLOOR CITY-ST-ZIP BLOOMFIELD, NJ 07003	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME CASKADON, MARY STREET ADDRESS 1455 BROAD ST, 4TH FLOOR CITY-ST-ZIP BLOOMFIELD, NJ 07003	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AS NAME ADAMS, LYNN STREET ADDRESS 1455 BROAD ST, 4TH FLOOR CITY-ST-ZIP BLOOMFIELD, NJ 07003	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: John Valla **John Valla, Vice President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #