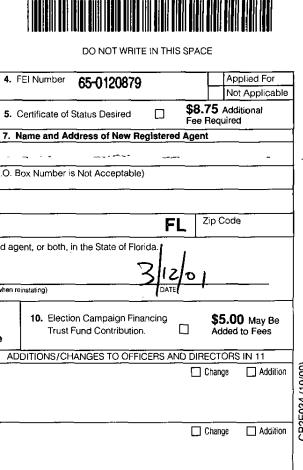
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # K85763 1. Entity Name MONTEREY MRI, INC. Principal Place of Business Mailing Address 901 SE MONTEREY COMMONS 901 SE MONTEREY COMMONS STUART FL 34996 STUART FL 34996 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0120879 Zip Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent TOBIAS, HAL Street Address (P.O. Box Number is Not Acceptable) 901 SE MONTEREY COMMONS BLVD STUART FL 34996 City purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity subr Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 11. 12, TITLE □ Delete TITLE TOBIAS, HAL M. M.D. NAME NAME NOT SE MONTEDEV COMMONS BLVD

FILED Mar 15, 2001 8:00 am Secretary of State

03-15-2001 90198 015 ***150.00



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| indicated of the cor | certify that the information supplied with this filing does not qualify for on this report or supplemental report is true and accurate and that me poration or the receiver or trustee empowered the execute this report, or on an attachment with an address, with all other like empowered. | the exemption state ny signature shall ha as required by Char | ed in Section 119.07(3)(i), Floric tive the same legal effect as if noter 607, Florida Statutes; and | da Statutes. I further certify that the in nade under oath; that I am an officer that my name appears in Block 11 or | nformation or director r Block 12 if |

NING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SI