2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 17, 2006 08:00 AM Secretary of State

DOCUMENT # L71284 1. Entity Name EXCELLENCE IN MRI, P.A.				
EVOETE	ENCE IN MIXI, P.A.			
1 .		ailing Address		
609 ATLANT MELBOURNE		21 E. HIBISCUS BLVD. IELBOURNE, FL 32901		
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		. =:		01052006 No Chg-P CR2E034 (11/05)
L	O NOT WRITE IN	V THIS SPA	CE	4. FEI Number Applied For 59-3003717 Not Applied
]				5. Certificate of Status Desired S8.75 Additional Fee Regulard
	6. Name and Address of Current Regis	tered Agent		Lea verimen
KANCILLA, JOHN R ESQ.				DO NOT WRITE
1800 W H	IBISCUS BLVD			
MELBOURNE, FL 32901				IN THIS SPACE
	a named entity submits this statement for the parties of registered agent.	ourpose of changing its register	red office ar register	red agent, or both, in the State of Florida. 1 am familiar with, and acce
SIGNATURE.	and the second	<u></u>		CAS - Divide . Such - Address - Case .
	Signature, typed or printed name of registered agent and title	Kapplicable. (NOTE Register)	ed Agent signature required	d when reinstating) DATE
FIL After M	E NOW!!! FEE IS \$150,00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Fina Trust Fund Contribution. 		.00 May Be
10.	OFFICERS AND DIRECT	TORS	-[
MAME	SHAPIRO, MARC D MD			- · · · · · · · · · · · · · · · · · · ·
STREET ADDRESS CITY-ST-ZIP	609 ATLANTIC ST MELBOURNE BEACH, FL		1	<i>U</i> 00000437586
DILE		· · · · · · · · · · · · · · · · · · ·	-	02/28/06-800 50-006 150.00
NAME STREET ADDRESS				= .
CITY-ST-ZIP				<u>.</u>
TITLE NAME				en e
STREET ADDRESS CHY-ST-ZIP	·			DO NOT WRITE
title		<u> </u>	1	IN THIS SPACE
NAME STRUET ADDRESS				IN THIS STACE
City-St-ZiP]	,
TITLE NAME				-
STREET ADDRESS				
CITY-ST-AP	\		-	
TITLE NAME	• • • • • • • • • • • • • • • • • • • •			
STREET ADDRESS CITY-ST-ZIP				
·	certily that the information supplied with this fi	ling does not qualify for the ex	emptions contained	1 in Chapter 119, Florida Statutes. I further certify that the information
of the cor changed	poration of the receiver or trustee empowered or or an attachment with an address, with all	ind accurate and that my signal is execute this report as required.	iture shan have the tited by Chapter 607	d in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or direct 7. Florida Statutes; and that my name appears in Block 10 or Block 1.

TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR