

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L71284

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Entity Name:** EXCELLENCE IN MRI, P.A.

**Current Principal Place of Business:**

609 ATLANTIC ST  
MELBOURNE BEACH, FL 32951

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 550  
WINTER PARK, FL 32790

**New Mailing Address:**

2111 GLENWOOD DR., SUITE 101  
WINTER PARK, FL 32792

**FEI Number:** 59-3003717

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KANCILIA, JOHN R ESQ.  
1795 W. NASA BLVD.  
MELBOURNE, FL 32901 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: PSD  
Name: SHAPIRO, MARC D MD  
Address: 609 ATLANTIC ST  
City-St-Zip: MELBOURNE BEACH, FL

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

SIGNATURE: MARC D SHAPIRO MD

PSD

01/31/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date