## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P0000008558  1. Entity Name  ULTRA OPEN MRI OF BRANDON, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  05 MAR 21 AM 10: 54	
Principal Place 123 W. ROB BRANDON F	ERTSON ST.	Mailing Address P.O. BOX 1186 TAMPA FL 33601	P.O. BOX 1186			BITTEN IN SENT BETTA CETTS CETTS GETTA GETTA GETTA SENTEN BITTEN BITTEN BITTEN BITTEN BITTEN BITTEN BITTEN BI	
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			st MOORE CR2E034 (10/04)	
City & State		City & State			4. FEI Numb	59-3620472   Applied For   Not Applicable	
Žip 			Count	try	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
BERGMAN, FREDERICK				Street Address (P.O. Box Number is Not Acceptable)			
2137 W. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33607							
				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 it applicable (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees							
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	CHANGES TO OFFICERS AND DIRECTORS IN 11	
IIILE D . Delete IIIIL NAME BERGMAN, FREDERICK J NAM				Change Addition			
STREET ADDRESS CITY-ST-ZIP	S 2137 W. MARTIN LUTHER KING JR. BLVD.			ET ADDRESS -ST-ZiP			
TITLE NAME STREET ADDRESS CITY-ST-ZLP	MCCOSKRIE, JOHN 5 2137 W. MARTIN LUTHER KING JR. BLVD.  NAI				Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			☐ Change ☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP	NA S TI				□ Change □ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ł.		☐ Change ☐ Addilion	
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 eddress, with all other like empowered.							
SIGNATURE:  SIGNATURE AND TYPED OPPRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Description of the contract of the contra							