

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000013453

1. Entity Name
TRI-COUNTY MRI, INC.



Principal Place of Business
**12777-A E. INDEPENDENCE BLVD.
MATTHEWS, NC 28105**

Mailing Address
**PO BOX 983
MATTHEWS, NC 28106**



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0980797

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RYLES, RICHARD A ESQ.
2620 AUSTRALIAN AVENUE
SUITE 109
W. PALM BEACH, FL 33407**

**DO NOT WRITE
IN THIS SPACE**

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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	SCIOTTO, BRUCE A
STREET ADDRESS	8214 BELLEFIELD PLACE
CITY - ST - ZIP	CHARLOTTE, NC 28270
TITLE	D
NAME	SCIOTTO, JUNE H
STREET ADDRESS	8214 BELLFIELD PL
CITY - ST - ZIP	CHARLOTTE, NC 28270
TITLE	D
NAME	KUTTNER, LUDWIG G
STREET ADDRESS	ESTOUTEVILLE FARM
CITY - ST - ZIP	KEENE, VA 22946
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000187247

01/24/05-80005-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Bruce Sciotto* **BRUCE SCIOTTO**

Date

1-15-05

Daytime Phone #

704-882-7310