

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90010 014 ***150.00

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 28105



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

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 if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
ST
SCIOTTO, BRUCE A
8214 BELLEFIELD PLACE
CHARLOTTE NC 28270 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
SCIOTTO, JUNE H
8214 BELLEFIELD PL
CHARLOTTE NC 28270 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
KUTTNER, LUDWIG G
ESTOUTEVILLE FARM
KEENE VA 22946 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

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CITY-STATE-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce A. Sciotto
BRUCE A. SCIOTTO
Sec/Treas

704-882-3933

2-20-07

Daytime Phone #