

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000013453

Entity Name: TRI-COUNTY MRI, INC.

FILED
Apr 18, 2008
Secretary of State

Current Principal Place of Business:

12777-A E. INDEPENDENCE BLVD.
MATTHEWS, NC 28105

New Principal Place of Business:

Current Mailing Address:

PO BOX 983
MATTHEWS, NC 28106

New Mailing Address:

PO BOX 3599
MATTHEWS, NC 28106

FEI Number: 65-0980797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: SCIOTTO, BRUCE A
Address: 8214 BELLEFIELD PLACE
City-St-Zip: CHARLOTTE, NC 28270

Title: D () Delete
Name: SCIOTTO, JUNE H
Address: 8214 BELLFIELD PL
City-St-Zip: CHARLOTTE, NC 28270

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CHAN-A-SUE, BRIAN
Address: 17981 SW 35TH STREET
City-St-Zip: MIRAMAR, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRUCE A SCIOTTO

ST

04/18/2008

Electronic Signature of Signing Officer or Director

Date