2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# P00000030364

Entity Name: PALMETTO OPEN MRI, INC.

Current Principal Place of Business:

2150 W 68TH STREET
SUITE #102
HIALEAH, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

2150 W 68TH STREET
SUITE #102
HIALEAH, FL 33016 US

New Mailing Address:

FEI Number: 65-0993852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPRATT, WILLIAM J JR ESQ
201 S. BISCAYNE BLVD.
MIAMI, FL 33131 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: DP ( ) Delete
Name: XIQUES, ALEJANDRO
Address: 2150 W 68TH STREET STE 102
City-St-Zip: HIALEAH, FL 33016

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: XIQUES, ALEJANDRO
Address: 2150 W 68TH STREET STE 102
City-St-Zip: HIALEAH, FL 33016

Title: VP ( ) Change (X) Addition
Name: SILVA, CARLOS A
Address: 2150 W 68TH STREET STE 102
City-St-Zip: HIALEAH, FL 33016

Title: S,TR ( ) Change (X) Addition
Name: SILVA, LORRAINE D
Address: 2150 W 68TH STREET STE 102
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LORRAINE D. SILVA S,TR 02/16/2005

Electronic Signature of Signing Officer or Director Date