

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90026 038 \*\*\*150.00

<b>DOCUMENT # P00000030364</b> 1. Entity Name <b>PALMETTO OPEN MRI, INC.</b>					
Principal Place of Business <b>2150 W 68TH STREET SUITE #102 HIALEAH, FL 33016 US</b>			Mailing Address <b>2150 W 68TH STREET SUITE #102 HIALEAH, FL 33016 US</b>		
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	07092008    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>65-0993852</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>SPRATT, WILLIAM J JR ESQ 201 S. BISCAYNE BLVD. MIAMI, FL 33131</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>(Signature typed or printed name of authorized agent and title if applicable) (Title: Registered Agent signature required when re-signing)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees :			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>P Silva, Lorraine D. 2150 W 68TH STREET STE 102 HIALEAH, FL 33016</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>VP SILVA, CARLOS A 2150 W 68TH STREET STE 102 HIALEAH, FL 33016</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b>  <b>4/3/08 305-818-6868</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

# ATTACHMENT

40110532

July 9, 2008

Florida Department of State  
Secretary of State  
DIVISION OF CORPORATIONS  
P.O. Box 8700  
Tallahassee, FL 32314

**RE: Palmetto Open MRI – Document No. P00000030364; and  
Women's Diagnostic Imaging, - Document No. P05000141043**

Dear Sir or Madam:

As I mentioned to one of your clerks during our telephone conversation, back in April of this year we had mailed two separate checks in one envelope to cover the 2007 Annual Filing fee for the above-referenced corporations. I have checked with our bank and the checks were not paid and have therefore cancelled those checks. Enclosed please find the replacement checks. Please note that it does not include the late filing fee as your clerk said to send in a letter with the checks explaining what had happened. Also enclosed is the corresponding Annual Reports.

Should you have any questions, feel free to call me at (305) 818-6868.

Sincerely,



LORRAINE D. SILVA  
Financial Director

/lds