

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000087846

Entity Name: HIALEAH OPEN MRI, INC.

FILED  
Apr 13, 2004  
Secretary of State

**Current Principal Place of Business:**

11900 BISCAYNE BLVD.  
SUITE 504C  
MIAMI, FL 33181

**New Principal Place of Business:**

11900 BISCAYNE BLVD.  
SUITE 504  
MIAMI, FL 33181

**Current Mailing Address:**

11900 BISCAYNE BLVD.  
SUITE 504C  
MIAMI, FL 33181

**New Mailing Address:**

11900 BISCAYNE BLVD.  
SUITE 504  
MIAMI, FL 33181

FEI Number: 65-1041932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GLASER, ALLAN  
11900 BISCAYNE BOULEVARD  
SUITE 807  
MIAMI, FL 33181 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: PD ( ) Delete  
Name: SHAPIRO, STEVE  
Address: 11900 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33181

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SHAPIRO, STEVE  
Address: 11900 BISCAYNE BLVD. SUITE 504  
City-St-Zip: MIAMI, FL 33181

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: STEVEN SHAPIRO

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04/13/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date