

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000087846

Entity Name: HIALEAH OPEN MRI, INC.

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

11900 BISCAYNE BLVD.
SUITE 504
MIAMI, FL 33181

New Principal Place of Business:

11900 BISCAYNE BLVD.
SUITE 780
MIAMI, FL 33181

Current Mailing Address:

11900 BISCAYNE BLVD.
SUITE 504
MIAMI, FL 33181

New Mailing Address:

11900 BISCAYNE BLVD.
SUITE 780
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. SUITE 504
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 780
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 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: STEVEN SHAPIRO

PRES

04/25/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date