2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90183 038 ***150.00

DOCUMENT # **P00000087846**

1. Entity Name
HIALEAH OPEN MRI, INC.

Principal Place of Business	Mailing Address
4980 WEST 10TH AVENUE #104 HIALEAH, FL 33012	4980 WEST 10TH AVENUE #104 HIALEAH, FL 33012

11010447

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11900 Biscayne Blvd	11900 Biscayne Blvd
Suite, Apt. #, etc.: Suite 504C	Suite, Apt. #, etc.: Suite 504C
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33181 Country: USA	Zip: 33181 Country: USA

4. FEI Number **65-1041932** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLASER, ALLAN
11900 BISCAYNE BOULEVARD
SUITE 807
MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, STEVE	NAME	
STREET ADDRESS	~~4980 WEST 10TH AVENUE #104~~ 11900 Biscayne Blvd Suite 504C	STREET ADDRESS	
CITY-ST-ZIP	~~HIALEAH, FL 33012~~ Miami, Fl 33181	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: Steven Shapiro Pres STEVEN SHAPIRO PRES 4/14/03 305-891-1994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #