

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000116923

FILED  
Jul 28, 2008  
Secretary of State

Entity Name: CORAL WAY MRI & DIAGNOSTICS, INC.

## Current Principal Place of Business:

1757 CORAL WAY  
MIAMI, FL 33145

## New Principal Place of Business:

## Current Mailing Address:

1757 CORAL WAY  
MIAMI, FL 33145

## New Mailing Address:

PO BOX 144132  
CORAL GABLES, FL 33114

FEI Number: 65-1063115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI (GLT)  
1500 MIAMI CENTER  
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KLASKIN, STUART  
Address: 1757 CORAL WAY  
City-St-Zip: MIAMI, FL 33145

Title: SVDT ( ) Delete  
Name: PRESS, JACK A JR  
Address: 1757 CORAL WAY  
City-St-Zip: MIAMI, FL 33145

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KLASKIN, STUART  
Address: PO BOX 144132  
City-St-Zip: CORAL GABLES, FL 33114

Title: SVDT (X) Change ( ) Addition  
Name: PRESS, JACK A JR  
Address: PO BOX 144132  
City-St-Zip: CORAL GABLES, FL 33114

I hereby certify that the information supplied with this filing does not qualify 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: STUART A. KLASKIN

PD

07/28/2008

Electronic Signature of Signing Officer or Director

Date