

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


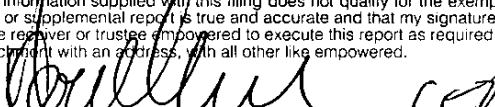
**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90093 013 \*\*\*158.75

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01042007 Chg-P CR2E034 (12/06)

DOCUMENT # P01000076789			
1. Entity Name PEMBROKE PINES MRI, INC.			
Principal Place of Business 10800 PINES BLVD, #12 HOLLYWOOD, FL 33026		Mailing Address PO BOX 5206 FORT LAUDERDALE, FL 33310	
2. Principal Place of Business - No P.O. Box # 10950 Pines Blvd		3. Mailing Address SAME	
Suite, Apt. #, etc. # H-1		Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State	
Zip 33026	Country USA	Zip	Country
4. FEI Number 65-1129341		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEKKERS, HOWARD 1799 W OAKLAND PARK BLVD # 105 FORT LAUDERDALE, FL 33311		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DEKKERS, HOWARD 1799 W OAKLAND PARK BLVD # 105 FORT LAUDERDALE, FL 33311 <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	P HANUSCHAK, CLUADE 1799 OAKLAND PARK BLVD, #105 FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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.			
SIGNATURE: 		3-8-07 954 566 4557	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Please note  
address  
change