FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90431 043 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000103109

1. Entity Name WIDE OPEN MRI INC

DO NOT WRITE IN THIS SPACE

670807

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1820 N. University
Suite, Apt. #, etc.
City & State: Pembroke Pines Fl
Zip: 33024
Country: USA

3. Mailing Address: 410 W. 45th ST
Suite, Apt. #, etc.
City & State: Miami Beach, Fl
Zip: 33140
Country: USA

4. FEI Number: 65-1152350 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Roberta D. Kahana
Street Address (P.O. Box Number is Not Acceptable): 410 W. 45th ST
City: Miami Beach FL Zip Code: 33140

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.

SIGNATURE Roberta D. Kahana [signature] 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	Roberta D. Kahana
STREET ADDRESS	410 W 45 ST
CITY-ST-ZIP	MIAMI BEACH, Fl 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Roberta D. Kahana 4/30/02 305-773-1403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #