

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103109

Entity Name: WIDE OPEN MRI, INC.

FILED  
Jan 06, 2008  
Secretary of State

## Current Principal Place of Business:

1820 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

## Current Mailing Address:

410 W 45TH ST  
MIAMI BEACH, FL 33140

## New Mailing Address:

FEI Number: 65-1752350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAHANA, ROBERTA D  
410 W. 45TH ST.  
MIAMI BEACH, FL 33140 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: PRES ( ) Delete  
Name: KAHANA, ROBERTA D  
Address: 410 W 45 ST  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPD ( ) Delete  
Name: KAHANA, BARUCH E MD  
Address: 410 W 45TH ST  
City-St-Zip: MIAMI BEACH, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERTA D KAHANA

PRES

01/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date