

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000011055

Entity Name: FLORIDA MOBILE MRI, INC.

FILED  
Mar 14, 2005  
Secretary of State

## Current Principal Place of Business:

601 N. CONGRESS AVE.  
SUITE 310  
DELRAY BEACH, FL 33445

## Current Mailing Address:

601 N. CONGRESS AVE.  
SUITE 310  
DELRAY BEACH, FL 33445

## New Principal Place of Business:

601 N. CONGRESS AVE.  
SUITE 311  
DELRAY BEACH, FL 33445

## New Mailing Address:

601 N. CONGRESS AVE.  
SUITE 311  
DELRAY BEACH, FL 33445

FEI Number: 02-0549291

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KALMOWITZ, CAREY  
601 N. CONGRESS AVE.  
SUITE 310  
DELRAY BEACH, FL 33445 US

## Name and Address of New Registered Agent:

MASTERMAN, MICHAEL  
601 N. CONGRESS AVE.  
SUITE 311  
DELRAY BEACH, FL 33445 US

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: MICHAEL MASTERMAN

03/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: MASTERMAN, MICHAEL DR  
Address: 601 N. CONGRESS AVE., SUITE 310  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: VP ( ) Delete  
Name: RONALD, LANDAU M.D.  
Address: 601 N. CONGRESS AVE., SUITE 310  
City-St-Zip: DELRAY BEACH, FL 33445 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MASTERMAN, MICHAEL DR  
Address: 601 N. CONGRESS AVE., SUITE 311  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: VP (X) Change ( ) Addition  
Name: RONALD, LANDAU M.D.  
Address: 601 N. CONGRESS AVE., SUITE 311  
City-St-Zip: DELRAY BEACH, FL 33445 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL MASTERMAN

PRES

03/14/2005

Electronic Signature of Signing Officer or Director

Date