

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000011055

FILED
Mar 14, 2005
Secretary of State

Entity Name: FLORIDA MOBILE MRI, INC.

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

FEI Number: 02-0549291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

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