2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000046368

Name:

Address:

City-St-Zip:

FILED Apr 30, 2004 Secretary of State

Entity Name: WIDE OPEN MRI DIAGNOSTICS, INC. **Current Principal Place of Business: New Principal Place of Business:** 1820 NORTH UNIVERSITY DRIVE PEMBROKE PINES, FL 33024 **Current Mailing Address: New Mailing Address:** 410 WEST 45TH STREET MIAMI BEACH, FL 33140 FEI Number: 01-0675799 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KAHANA, ROBERTA D 410 W 45TH ST MIAMI BEACH, FL 33140 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete Title: () Change () Addition KAHANA, ROBERTA D Name: Name: 410 W 45TH ST Address: Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: () Delete Title: **VPST** () Change (X) Addition KAHANA, BARUCH E MD

Name: Address:

City-St-Zip:

410 W 45TH ST MIAMI BEACH, FL 33140

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: ROBERTA D KAHANA **PSTD** 04/30/2004