

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000050482

Entity Name: MEDVEN OPEN MRI, INC.

**FILED**  
**Jan 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3645 ST GAUDENS RD  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3645 ST GAUDENS RD  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 80-0049089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUBENSTEIN, ROBERT  
9350 S DIXIE HWY  
1110  
MIAMI, FL 33156 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RUBENSTEIN, ROBERT  
Address: 3645 ST GAUDENS RD  
City-St-Zip: MIAMI, FL 33133

I hereby 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 all other like empowered.

SIGNATURE: ROBERT RUBENSTEIN

PRES

01/22/2011

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

\_\_\_\_\_  
Date