## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000085139

Entity Name: FAMILY OPEN MRI, INCORPORATED

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1931 W. M. SUITE F	L. KING BLVD					
TAMPA, FL	. 33607					
Current Mailing Address:				New Mailing Address:		
101 E. KENNEDY BLVD. SUITE 2350 TAMPA, FL 33602				1931 W. M.L. KING BLVD. SUITE F TAMPA, FL 33607		
FEI Number:	14-1842040	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( ) Cer	tificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:		Name and	Address of New	Registered Agent:
515 EAST I TALLAHAS	ECT AGENTS, PARK AVENUE SSEE, FL 3230	E 1 US				
The above in the State		ubmits this statement for the pu	rpose o	f changing it	s registered office	or registered agent, or both,
SIGNATUR	RE:					
Electronic Signature of Registered Agent						Date
Election Carr	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	OZECHOV, YGA	LUTHER KING BLVD, SUITE 103		Title: Name: Address: City-St-Zip:	MILLER, JOHN	nge()Addition HER KING BLVD, SUITE 103
Title: Name: Address: City-St-Zip:	SEGAL, YAIR	Delete LUTHER KING BLVD, SUITE 103 03		Title: Name: Address: City-St-Zip:	STAVRINIDES, MICH	nge()Addition IALIS HER KING BLVD, SUITE 103
Title: Name: Address: City-St-Zip:	ULATOWSKI, TO	LUTHER KING BLVD, SUITE 103		Title: Name: Address: City-St-Zip:	STARKE, RICHARD	nge()Addition HER KING BLVD, SUITE 103
Title: Name: Address: City-St-Zip:	GLOGAU, AMIR	Delete LUTHER KING BLVD, SUITE 103 03		Title: Name: Address: City-St-Zip:	()Char	nge()Addition
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	SMARTT, PRYOR	nge (X) Addition HER KING BLVD, SUITE 103

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: AMIR GLOGAU O 04/16/2009