

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000085139

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** FAMILY OPEN MRI, INCORPORATED

**Current Principal Place of Business:**

1931 W. M.L. KING BLVD.  
SUITE F  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

1931 W. M.L. KING BLVD.  
SUITE F  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 14-1842040      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      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: D  
Name: BURKE, ROBERT D MD  
Address: 607 W. MARTIN LUTHER KING BLVD, SUITE 103  
City-St-Zip: TAMPA, FL 33603

Title: O  
Name: JOHNSON, KEVIN G  
Address: 607 W. MARTIN LUTHER KING BLVD, SUITE 103  
City-St-Zip: TAMPA, FL 33603

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: KEVIN JOHNSON

O

04/21/2011

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

\_\_\_\_\_ Date