7/14/2

FILED
Jul 30, 2004 8:00 am
Secretary of State
07-14-2004 90004 010 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000065467

1. Entity Name
PHYSICIANS' CHOICE MRI, INC.

66430988

Principal Place of Business	Mailing Address
5910 CATTLERIDGE ROAD SUITE C SARASOTA, FL 34232	5910 CATTLERIDGE ROAD SUITE C SARASOTA, FL 34232

07082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3501 CATTLEMAN RD	3501 CATTLEMAN ROAD
Suite, Apt. #, etc.: SUITE C	Suite, Apt. #, etc.: SUITE C
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34232 Country: SARASOTA	Zip: 34232 Country: SARASOTA

4. FEI Number 20-0040096 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, DARRELL C
101 EAST KENNEDY BLVD
SUITE 2800
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name: PETER BIBB
Street Address (P.O. Box Number is Not Acceptable): 3501 CATTLEMAN ROAD
SUITE C
City: SARASOTA FL Zip Code: 34232

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT TOM HUTCHINSON 7710 NW 71ST CT SUITE 101 TAMARAC, FL 33321 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER PETER BIBB 3501 CATTLEMAN RD SUITE C SARASOTA, FL 34232 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY DAN BIBB 3501 CATTLEMAN RD SUITE C SARASOTA, FL 34232 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 941-342-7667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #