2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P0300065467 1. Entity Name PHYSICIANS' CHOICE MRI, INC.										
						7	2007 MAY -3	AM 10: 05		
						-	SECRETAR'	Y DE STATE		
Principal Place of Business Mailing Address							SECKLIAN	F-F-FI-ORIDA		
- 5922 CATTLEMAN LN 3 <i>50 I CATTLEMEN R</i> D 5922 CATTLEMAN LN SUITE 101 C						00.740	#FFFF	£६-६५० ८१ ० ८ 3004 **185	. 00	
SUITE- 101- C SUITE 101 SARASOTA, FL 34232 SARASOTA, FL 34232						02/16)\D(~~0100;	2DO4 ***TO3) = UU	
Principal Place of Business - No P.O. Box # 3. Mailing Address										
3501 (AHLEMEN R.D.										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04192007	Chg-P	CR2E034 (12/06)		
City & State			City & State	City & State		4. FEI Numbe	r	An	plied For	
Ony & State			Sity a black			20-0040		<u> </u>	t Applicable	
Zip	Zip Country		Zip Coun		itry	E Cortificato	of Status Desired	□ \$8.75 Add	litional	
						ļ		Fee Require	d	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
DIDD DETER					Name KEN SMITH					
BIBB, PETER 5922 CATTLEMAN LN					Street Address (P. B) Box Number is Not Acceptable) 5922 (A++LEMEN LANE #101					
STE 101					3922	CHTTLE	MEN L	ANE AI		
SARASOT	A, FL 342	232								
				City AOA	CATA		FL Zip Code	2.2.7		
8. The above	named entity	v submits this statement fo	r the purpose of changing it	s register	ed office or register	red agent, or both	n, in the State of Flo	rida. I em familiar with,	and accept	
	tions of regist			•		,				
CICNATURE			· _ /		Ken Sui	TM	•	1-24-07		
SIGNATURE_	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature require	d when reinstating)		DATE		
		FEE IS \$150.00	9. Election Camp	-	~ _ *-	.00 May Be led to Fees				
Atter Ma	ay 1, 200	7 Fee will be \$550.	JO Hastrand out	iti ibalioi i.		200 10 7 000				
10.		OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTORS		
TITLE	P Delete				E			Change	Addition	
name Street address	LUTHRINGER, TOM DRESS 5922 CATTLEMAN LN STE 101				EET ADDRESS				İ	
CITY-ST-ZIP					-ST-ZIP					
TITLE					E			☐ Change	Addition	
NAME	BIBB, PETER			NAM	IE					
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP	SARASOTA, FL 34232				-ST-ZIP	.,,				
TITLE	S Delete II				1			☐ Change	☐ Addition	
NAME Street address	BAFIA, DANIEL 5922 CATTLEMAN LN STE 101				EET ADDRESS					
CITY-ST-ZIP	SARASOTA, FL 34232				-ST-ZIP					
			☐ Delete	TITL	F			☐ Change	Addition	
NAME	KEN	SMITH		NAM	_					
STREET ADDRESS	59220	ATTLEMENT	N. 31E 101	STR	EET ADDRESS					
CITY+ST-ZIP	SARA	SMITH PATTLEMEN L SOTA, FL	34232	CITY	-ST-ZIP					
TITLE		•	☐ Delete	TITL	i			☐ Change	☐ Addition	
NAME STREET ADDRESS	ļ.			NAM	EET ADDRESS				ļ	
l					r-ST-ZIP					
I GHT-51-7F				E CITY	-31-4IF					
CITY-ST-ZIP			☐ Dejete	-1-	 -			☐ Change	☐ Addition	
TITLE NAME			☐ Delete	TITL	E		·	Change	☐ Addition	
TITLE			☐ Delete	TITL	E			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITL NAM STRI CITY	E AE EET ADDRESS (~SI-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the	e information supplied with	o this filing does not qualify	TITL NAM STRI CITY	E EET ADDRESS (-SI-ZIP	d in Chapter 119	, Florida Statutes. I	further certify that the i	nformation	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co	d on this repo progration or t	rt or supplemental report i he receiver or trustee emp	n this filing does not qualify s true and accurate and this owered to accurate this repo	TITL NAM STRI CITY for the ex my signa rt as requ	E EET ADDRESS (*-ST-ZIP emptions containe	: same legal effec	t as it made under i	further certify that the is	nformation or director	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co	d on this repo progration or t	rt or supplemental report i he receiver or trustee emp	a this filing does not qualify	TITL NAM STRI CITY for the ex my signa rt as requid.	E EET ADDRESS (-ST-ZIP externptions containe ature shall have the ired by Chapter 60	same legal effec 7, Florida Statute	t as it made under is; and that my nam	further certify that the ir oath; that I am an officer e appears in Block 10 o	nformation or director r Block 11 if	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co	d on this repo progration or t d, or on an att	rt or supplemental report in the receiver or trustee emplement with an address,	n this filing does not qualify s true and accurate and this owered to accurate this repo	for the extended the signal of	E EET ADDRESS (-ST-ZIP emptions containe attre shall have the lired by Chapter 60	same legal effec 7, Florida Statute	t as it made under is; and that my nam	further certify that the is	nformation or director r Block 11 if	