2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2006 8:00 am Secretary of State 01-30-2006 90054 028 ***150.00

DOCUMENT # P0400080398 1. Entity Name FLORIDA OPEN MRI, INC.							0-2006 90054			,	
Principal Place of Business 7201 PINE ISLAND ROAD TAMARAC, FL 33321			illing Address 201 PINE ISLAND RO MARAC, FL 33321	AD			ı Belli viby Belli vibi belli be			(Bt 18((4 8) 11	lew)
2. Principal Place of Business			3. Mailing Address								
Suite, Apt.	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122006	Chg-P	CR2E	34 (11/0	05)		
City & State			City & State		4. FEI Numb 22-390				Applied Not App		
Zip	Country	7	^z ip	Coun	itry	• • • • • • • • • • • • • • • • • • • •	of Status Desired		\$8.75 Fee Req	Additiona	
	6. Name and Address of Curre	nt Regist	tered Agent		1	7. Name and	Address of New R	egistered	Agent		
SANTIAGO, KIM					Name						
8 SE 8TH STREET FT LAUDERDALE, FL 33316				Street Addres	ss (P.O. Box Numb	er is Not Acceptable)				
											
V					City			FL		Code	
the obligat	named entity submits this statement ions of registered agent.	t for the p	urpose of changing its	s register	ed office or regis	stered agent, or bo	oth, in the State of Flo	orida. I am	familiar v	vith, and a	accept
SIGNATURE	Signature, typed or printed name of registered ag	ent and title i	spplicable. (NOT	E: Registere	nd Agent signature requ	uired when reinstating)		DATE			_
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$55	0.00	9. Election Campa Trust Fund Cont			\$5,00 May Be Added to Fees					
10.	OFFICERS AN	ND DIREC		11.		ADDITIONS	/CHANGES TO OFF	ICERS ANI			
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TITLE NAME			CT Delete	NAM	ſ				LJ Chai	iñe [7]	MODITION
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STREET ADDRESS CITY-S1-ZIP					-ST-ZIP						
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12. I hereby of indicated of the core	certify that the information supplied v on this report or supplemental reportation or the receiver or trustee er , or on an attachment with an addres	with this fi	ling does not qualify to and accurate and that it to execute this report			ined in Chapter 11 the same legal effe 607, Florida Status	9, Florida Statutes, I ct as if made under es; and that my nam	further ce path; that I e appears	tify that t am an of in Block	he inform ficer or dir 10 or Bloc	ation rector
1	//	ed with all	osher/like empowered	1.	, 2:	,	el	Siz	- (L	1-36	35
SIGNAT	SIGNATURE AND YPED O	OR RINTED	NAME OF SIGNING OFFICER	OR DIREC	TOR	·/-/-	Date		Daytime Pho		