

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000118335

**FILED**  
**May 15, 2007**  
**Secretary of State****Entity Name:** PALMS MRI DIAGNOSTIC IMAGING CENTERS, INC.**Current Principal Place of Business:**11551 SOUTHERN BLVD.  
SUITE 1  
ROYAL PALM BEACH, FL 33411 US**New Principal Place of Business:****Current Mailing Address:**11551 SOUTHERN BLVD.  
SUITE 1  
ROYAL PALM BEACH, FL 33411 US**New Mailing Address:****FEI Number:** 20-3378480**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FREMED, BRAD  
12477 WORLD CUP LANE  
WELLINGTON, FL 33414 US**Name and Address of New Registered Agent:**SMITH, CHRISTOPHER  
2062 SE 17TH CT  
LAUDERDALE BY THE SEA, FL 33062 US

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: CHRISTOPHER SMITH

05/15/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PRES ( ) Delete  
**Name:** FREMED, BRAD PRES  
**Address:** 11551 SOUTHERN BLVD  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change ( ) Addition  
**Name:** SMITH, CHRISTOPHER  
**Address:** 11551 SOUTHERN BLVD  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411**Title:** VP ( ) Change (X) Addition  
**Name:** SMITH, NADIA  
**Address:** 11551 SOUTHERN BLVD  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411

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: CHRISTOPHER SMITH

PRES

05/15/2007

Electronic Signature of Signing Officer or Director

Date