# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Nov 06, 2008**
**Secretary of State**

DOCUMENT# P05000161981

**Entity Name:** DMC OPEN MRI PA

**Current Principal Place of Business:**

6767 COLLINS AVENUE #303
MIAMI BEACH, FL 331413204

**New Principal Place of Business:**

4661 JOHNSON ROAD
SUITE 4
COCONUT CREEK, FL 33073

**Current Mailing Address:**

6574 N. STATE ROAD 7
#152
COCONUT CREEK, FL 33073

**New Mailing Address:**

P.O. BOX 970561
COCONUT CREEK, FL 33097

**FEI Number: 20-3925473** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DIAZ, VALENTIN DR.
6767 COLLINS AVENUE #303
MIAMI BEACH, FL 331413204 US

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

POCES, DAVID DR.
4661 JOHNSON ROAD
SUITE 4
COCONUT CREEK, FL 33073 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: DAVID POCES 11/06/2008
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: DIAZ, VALENTIN DR.
Address: 6767 COLLINS AVENUE #303
City-St-Zip: MIAMI BEACH, FL 331413204

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition
Name: POCES, DAVID DR.
Address: 4661 JOHNSON ROAD, SUITE 4
City-St-Zip: COCONUT CREEK, FL 33073

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: DAVID POCES DR 11/06/2008
Electronic Signature of Signing Officer or Director Date