


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State


01-11-2008 90065 028 ***158.75

DOCUMENT # P06000082782	
1. Entity Name ST. PETE MRI HOLDINGS, INC.	

Principal Place of Business 750 94TH AVENUE N ST PETERSBURG, FL 33702 US	Mailing Address 750 94TH AVENUE N ST PETERSBURG, FL 33702 US
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DO NOT WRITE IN THIS SPACE

40001100



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5139990	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MAHONEY, KIMBERLY
750 94TH AVENUE N
ST PETERSBURG, FL 33702

DO NOT WRITE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

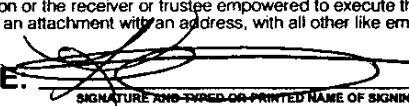
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAEFELE, SCOTT 750 94TH AVENUE N ST PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAHONEY, KIMBERLY 750 94TH AVENUE N ST PETERSBURG, FL 33702
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 1/6/2008 Daytime Phone # _____