

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P09000045081

FILED
May 13, 2011
Secretary of State

Entity Name: VISION IMAGING OPEN MRI, INC.

Current Principal Place of Business:

4661 JOHNSON RD., STE 4
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

4661 JOHNSON RD., STE 4
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 27-0277066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALLON, STEPHANIE DR
4661 JOHNSON RD., SUITE 4
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

RETIER, PETER DR
4661 JOHNSON RD., 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: DR. PETER REITER

05/13/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: REITER, PETER DR.
Address: 4661 JOHNSON RD., SUITE 4
City-St-Zip: COCONUT CREEK, FL 33073

I hereby 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 all other like empowered.

SIGNATURE: DR. PETER REITER

P/D

05/13/2011

Electronic Signature of Signing Officer or Director

Date