

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000013007

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** MRI RADIOLOGY NETWORK, P.A.

**Current Principal Place of Business:**

3848 FAU BLVD  
SUITE 200  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

2581 N.W. 59TH STREET  
BOCA RATON, FL 33496 US

**New Mailing Address:**

**FEI Number:** 65-0555497

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEINBERG, FRED MD  
2581 N.W. 59TH STREET  
BOCA RATON, FL 33496 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPTS  
Name: STEINBERG, FRED M.D.  
Address: 2581 NW 59TH ST.  
City-St-Zip: BOCA RATON, FL 33496

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: FRED STEINBERG, MD

MGRM

04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date