

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P95000016366

**FILED**  
**Jun 04, 2009**  
**Secretary of State****Entity Name:** MRI ASSOCIATES OF PALM HARBOR, INC.**Current Principal Place of Business:**32615 US 19 NORTH  
SUITE 4  
PALM HARBOR, FL 34684**New Principal Place of Business:****Current Mailing Address:**32615 US 19 NORTH  
SUITE 4  
PALM HARBOR, FL 34684**New Mailing Address:****FEI Number:** 59-3299683**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DAVIS, GREGORY S  
221 21ST AVE. NORTH  
ST PETERSBURG, FL 33704 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: P ( ) Delete  
Name: DIECIDUE, FRANK  
Address: 4880 DOVER STREET N.E.  
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: VP ( ) Delete  
Name: DAVIS, GREGORY S  
Address: 221 21ST AVE NORTH  
City-St-Zip: ST PETERSBURG, FL 33704 US

Title: VP ( ) Delete  
Name: STEVENS, WARREN  
Address: 984 RIVERSIDE RIDGE RD  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: S ( ) Delete  
Name: DIECIDUE, DONNA  
Address: 4880 DOVER STREET N.E.  
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: S ( ) Delete  
Name: DAVIS, JAMIE  
Address: 201 W. LAUREL ST #512  
City-St-Zip: TAMPA, FL 33602

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: COO ( ) Change (X) Addition  
Name: KELLY, RENEE D  
Address: 3803 LAKE SHORE DRIVE  
City-St-Zip: PALM HARBOR, FL 34684

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: GREGORY S DAVIS

VP

06/04/2009

Electronic Signature of Signing Officer or Director

Date