

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra R. Morlham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29 1997 8:00am
Secretary of State

DOCUMENT # P95000018790 (2)

1. Corporation Name

OPEN MRI of Orlando

Principal Place of Business

13631 EAGLE RIDGE DR., SUITE 235
FT. MYERS FL 33912

Mailing Address

13631 EAGLE RIDGE DR., SUITE 235
FT. MYERS FL 33912

3. Date Incorporated or Qualified
03/06/1995

3a. Date of Last Report
5/1/96

2. Principal Place of Business

21 668 N. Orlando Ave

2b. Mailing Address

2b 668 N. Orlando Ave

22 Suite, Apt. #, etc.

22 1005

27 Suite, Apt. #, etc.

27 1005

23 City & State

23 Maitland FL

28 City & State

28 Maitland, FL

24 Zip

24 32751

25 Country

25 USA

29 Zip

29 32751

30 Country

30 USA

4. TEL Number

65-0560365

Applied For

Not Applicable

5. Certificate of Status Dashed

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intrastate tax under a 1993 FL Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WOODBURN, RONALD L MD
13831 EAGLE RIDGE DR., SUITE 235
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name Woodburn, Shaun
82 Street Address P.O. Box Number is Not Applicable
82 668 North Orlando Ave Suite 1005
83 City
83 Maitland
84 FL
85 Zip 32751

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Shaun Woodburn Shaun Woodburn Treasurer

12. OFFICERS AND DIRECTORS

TITLE	VICE President	☒ DELETE
NAME	Rebecca Ritchford	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS	DIRECTORS IN 12
1.1 TITLE	VICE President ☒ Change ☐ Addition
1.2 NAME	Shaun Woodburn
1.3 STREET ADDRESS	668 North Orlando Ave Suite 1005
1.4 CITY-ST-ZIP	Maitland FL 32751
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I hereby certify that the information required with this filing is voluntarily furnished and drawn out equally for the corporation named in Section 119.07(8)(b), Florida Statutes. I further certify that the information indicated on this annual report or independent annual 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE: Shaun Woodburn CEO Shaun Woodburn

4/2/97

407-740-8848

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