


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000064904		
1. Entity Name DAMADIAN MRI IN POMPANO BEACH, P.A.		
Principal Place of Business 4616 NORTH FEDERAL HWY FT. LAUDERDALE, FL 33308 US		Mailing Address 110 MARCUS DRIVE MELVILLE, NY 11747 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent IMPERATO, GABE 1 FINANCIAL PLAZA, SUITE 2700 FORT LAUDERDALE, FL 33394		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD DAMADIAN, RAYMOND V M.D. 110 MARCUS DRIVE MELVILLE, NY 11747	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 <i>Raymond V. Damadian, President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>1/22/06</i> Daytime Phone # <i>631-694-2929</i>



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0637743

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

000000407945
02/08/06-80040-019 150.00

**DO NOT WRITE
IN THIS SPACE**