


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90107 021 ***150.00

DOCUMENT # P95000086087	
1. Entity Name THE OPTIMAL OPEN MRI, INC.	

Principal Place of Business ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 US	Mailing Address P O BOX 380546 BIRMINGHAM AL 35243 US
--	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		P.O. Box 380546 Suite, Apt. #, etc.	
City & State		City & State	
Birmingham, AL		Birmingham, AL	
Zip	Country	Zip	Country
35238	US	35238	US



1st MOORE CR2E034 (10/04)

50049280

4. FEI Number 59-3358596		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CD NAME GORDON, JOEL C STREET ADDRESS ONE HEALTHSOUTH PKWY CITY-ST-ZIP BIRMINGHAM AL 35243	<input checked="" type="checkbox"/> Delete	TITLE CPD NAME Grinney, Jay STREET ADDRESS One HealthSouth Parkway CITY-ST-ZIP Birmingham, Alabama 35243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VTD NAME SANSONE, GUT STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM AL 35243	<input checked="" type="checkbox"/> Delete	TITLE DVT NAME Snow, Michael D. STREET ADDRESS One HealthSouth Parkway CITY-ST-ZIP Birmingham, AL 35243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME MENKE, BRIAN M STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM AL 35243	<input type="checkbox"/> Delete	TITLE VCFO NAME Workman, John STREET ADDRESS One HealthSouth Parkway CITY-ST-ZIP Birmingham, AL 35243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME MAY, ROBERT STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM AL 35243	<input checked="" type="checkbox"/> Delete	TITLE VCFO NAME Workman, John STREET ADDRESS One HealthSouth Parkway CITY-ST-ZIP Birmingham, AL 35243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME DOODY, GREGORY L STREET ADDRESS ONE HEALTHSOUTH PKWY CITY-ST-ZIP BIRMINGHAM AL 35243	<input type="checkbox"/> Delete	TITLE VCFO NAME Workman, John STREET ADDRESS One HealthSouth Parkway CITY-ST-ZIP Birmingham, AL 35243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME DEMARAY, C DREW STREET ADDRESS ONE HEALTHSOUTH PARKWAY CITY-ST-ZIP BIRMINGHAM AL 35243	<input type="checkbox"/> Delete	TITLE VCFO NAME Workman, John STREET ADDRESS One HealthSouth Parkway CITY-ST-ZIP Birmingham, AL 35243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Brian M. Menke** **4/27/05** **(205)967-7116**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #