
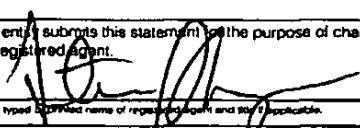
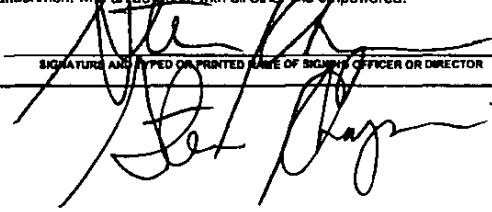


FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90087 036 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000060748			
1. Entity Name HIALEAH MRI, INC.			
Principal Place of Business 11900 BISCAYNE BLVD STE 700 504 MIAMI, FL 33181		Mailing Address 11900 BISCAYNE BLVD STE 700 504 MIAMI, FL 33181	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 504		Suite, Apt. #, etc. 504	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHAPIRO, STEVEN R 11900 BISCAYNE BLVD STE 700 504 MIAMI, FL 33181		Name Street Address (P.O. Box Number is Not Acceptable) Suite 504 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 		DATE 5/1/07	
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P SHAPIRO, STEVEN 11900 BISCAYNE BLVD STE 504C MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 individuals empowered.			
SIGNATURE: 		DATE 5/1/07 325-992-9091 Daytime Phone #	

401230-



05112007 Chg-P CR2E034 (12/06)

4. FEI Number **65-0680573** Applied For Not Applicable

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

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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SIGNATURE:  DATE **5/1/07** **325-992-9091**
Daytime Phone #