

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000060748

FILED
Mar 26, 2008
Secretary of State

Entity Name: HIALEAH MRI, INC.

Current Principal Place of Business:

11900 BISCAYNE BLVD
STE 504
MIAMI, FL 33181

New Principal Place of Business:

New Mailing Address:

1050 CROWN POINTE PARKWAY
STE 295
ATLANTA, GA 30338

Current Mailing Address:

11900 BISCAYNE BLVD
STE 504
MIAMI, FL 33181

FEI Number: 65-0680573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, STEVEN R
11900 BISCAYNE BLVD
STE 504
MIAMI, FL 33181 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHAPIRO, STEVEN
Address: 11900 BISCAYNE BLVD STE 504C
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHAPIRO, STEVEN
Address: 1050 CROWN POINTE PARKWAY #295
City-St-Zip: ATLANTA, GA 30338

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: STEVEN SHAPIRO

PRES

03/26/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date