2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000060748

Entity Name: HIALEAH MRI, INC.

STE 295

ATLANTA, GA 30338

FILED Apr 27, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

11900 BISCAYNE BLVD 1050 CROWN POINTE PARKWAY

STE 504 SUITE 295 MIAMI, FL 33181

ATLANTA, GA 30338

Current Mailing Address: New Mailing Address:

1050 CROWN POINTE PARKWAY 1050 CROWN POINTE PARKWAY

SUITE 295

ATLANTA, GA 30338

FEI Number: 65-0680573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHAPIRO, STEVEN R SHAPIRO, STEVEN R 11900 BISCAYNE BLVD 1050 CRÓWN POINTE PARKWAY SUITE 295 STE 504

MIAMI, FL 33181 US ATLANTA, FL 30338 US

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: STEVEN SHAPIRO 04/27/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition () Delete Title:

SHAPIRO, STEVEN Name: Name: 1050 CROWN POINTE PARKWAY #295 Address: Address: City-St-Zip: ATLANTA, GA 30338 City-St-Zip:

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.

Ρ SIGNATURE: STEVEN SHAPIRO 04/27/2009