

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90183 040 ***150.00

DOCUMENT # P96000060748

1. Entity Name
HIALEAH MRI, INC.



Principal Place of Business
**4980 W. 10TH AVE
#104
HIALEAH, FL 33012**

Mailing Address
**4980 W. 10TH AVE
#104
HIALEAH, FL 33012**

11010225



2. Principal Place of Business
**11900 BISCAYNE BLVD
Suite, Apt. #, etc.
SUITE 504C**

3. Mailing Address
**11900 BISCAYNE BLVD
Suite, Apt. #, etc.
SUITE 504C**

CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI FL

4. FEI Number
65-0680573

Applied For
 Not Applicable

Zip
33181

Country
USA

Zip
33181

Country
USA

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

6. Name and Address of Current Registered Agent
**SHAPIRO, STEVEN R
4980 W. 10TH AVE
#104
HIALEAH, FL 33012**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
**11900 BISCAYNE BLVD
SUITE 504C**
City **MIAMI** FL Zip Code **33181**

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 Steven Shapiro **STEVEN SHAPIRO President 4/14/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NUMBER FEE IS \$150.00
ANNUAL MAY 1, 2003 FEE WILL BE \$350.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P SHAPIRO, STEVE 4980 W. 10TH AVE HIALEAH, FL 33012 11900 BISCAYNE BLVD SUITE 504C MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input 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: Steven Shapiro **STEVEN SHAPIRO 4/14/03 305-891-1999**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CFR2E034 (10/02)