## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # P97000100119 UNIVERSITY MRI MANAGEMENT, INC. Malling Address Principal Place of Business 2200 N. COMMERCE PARKWAY 2200 N. COMMERCE PARKWAY SUITE 100 SUITE 100 WESTON, FL 33326 US WESTON, FL 33326 02152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0796620 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MARIO R. DELGADO, P.A. DO NOT WRITE 2000 PONCE DE LEON BLVD. SUITE 102 IN THIS SPACE CORAL GABLES, FL 33134 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 proted name of registered agent and life it applicable (NOTE: Registered Agent signature required when religitating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE U00000490654 04/18/06-80061-001 5350.00 NAME ACOSTA, NELSON 2200 N COMMERCE PKWY #100 STREET ADDRESS CITY-ST-IM WESTON, FL 33326 TITLE NAME STREET ADDRESS CITY-ST-20P TRUE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE SITLE NAME STREET ADDRESS CITY-ST-ZIP SILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this fiting 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 accordice and that my signature shall have the same legal effect as if made under path; 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 additionar, with all other like impowered.

3-50-1

Daytima Phone 9

**FILED**