

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000102558

FILED
May 16, 2006
Secretary of State**Entity Name:** MRI ASSOCIATES OF ST. PETE, INC.**Current Principal Place of Business:**750 94TH AVE NORTH
#206
ST. PETERSBURG, FL 33702**New Principal Place of Business:****Current Mailing Address:**750 94TH AVE NORTH
#206
ST. PETERSBURG, FL 33702**New Mailing Address:****FEI Number:** 59-3483191**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**OSULLIVAN, CHRISTOPHER T
750 94TH AVE NORTH
#206
ST. PETERSBURG, FL 33702 US**Name and Address of New Registered Agent:**MAHONEY, KIMBERLY A
750 94TH AVE NORTH
#206
ST. PETERSBURG, FL 33702 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: KIMBERLY A. MAHONEY

05/16/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: O'SULLIVAN, CHRISTOPHER T
Address: 750 94TH AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAHONEY, KIMBERLY A
Address: 750 94TH AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VP () Change (X) Addition
Name: HAEFELE, SCOTT
Address: 750 94TH AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: T () Change (X) Addition
Name: MAHONEY, KIMBERLY A
Address: 750 94TH AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: S () Change (X) Addition
Name: HAEFELE, SCOTT
Address: 750 94TH AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

I hereby certify that the information supplied with this filing does not qualify for the 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: KIMBERLY A. MAHONEY

P

05/16/2006

Electronic Signature of Signing Officer or Director

Date