

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90065 027 ***158.75

DOCUMENT # P97000102558

1. Entity Name

MRI ASSOCIATES OF ST. PETE, INC.



Principal Place of Business

**750 94TH AVE NORTH
#206
ST. PETERSBURG, FL 33702**

Mailing Address

**750 94TH AVE NORTH
#206
ST. PETERSBURG, FL 33702**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3483191

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAHONEY, KIMBERLY A
750 94TH AVE NORTH
#206
ST. PETERSBURG, FL 33702**

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAHONEY, KIMBERLY A
STREET ADDRESS	750 94TH AVE NORTH
CITY - ST - ZIP	ST. PETERSBURG, FL 33702
TITLE	VP
NAME	HAEFELE, SCOTT
STREET ADDRESS	750 94TH AVE NORTH
CITY - ST - ZIP	ST. PETERSBURG, FL 33702
TITLE	T
NAME	MAHONEY, KIMBERLY A
STREET ADDRESS	750 94TH AVE NORTH
CITY - ST - ZIP	ST. PETERSBURG, FL 33702
TITLE	S
NAME	HAEFELE, SCOTT
STREET ADDRESS	750 94TH AVE NORTH
CITY - ST - ZIP	ST. PETERSBURG, FL 33702
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

01/07/2008