

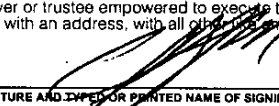


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90076 021 \*\*\*150.00

<b>DOCUMENT # P98000020727</b> 1. Entity Name <b>MIAMI DADE COUNTY MRI, CORP.</b>					
Principal Place of Business <b>3970 W. FLAGLER ST., #101 MIAMI, FL 33134</b>			Mailing Address <b>3970 W. FLAGLER ST., #101 MIAMI, FL 33134</b>		
2. Principal Place of Business <b>411 SW 27 Avenue Suite, Apt. #, etc. 100</b>		3. Mailing Address <b>411 SW 27 Avenue Suite, Apt. #, etc. 100</b>			
City & State <b>miami: Florida</b>		City & State <b>miami: Florida</b>		4. FEI Number <b>65-0820576</b>	
Zip <b>33135</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PEREZ, OMAR V 3970 W. FLAGLER ST., #101 MIAMI, FL 33134</b>				7. Name and Address of New Registered Agent Name <b>OMAR V Perez</b> Street Address (P.O. Box Number is Not Acceptable) <b>411 SW 27 Avenue 100</b> City <b>miami:</b> <b>FL</b> Zip Code <b>33135</b>	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, OMAR V 2280 S.W. 132ND AVENUE MIAMI, FL 33175		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD. Perez, OMAR V 411 SW 27 Avenue Suite 100 miami: FL 33175			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 persons empowered.					
<b>SIGNATURE:</b> 			2-23-06 305 644-8077		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		