

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000032402**

1. Entity Name  
**CENTRAL FLORIDA OPEN MRI, INC.**



Principal Place of Business  
**2821 U.S. HIGHWAY 27 NORTH  
SEBRING, FL 33870**

Mailing Address  
**2821 U.S. HIGHWAY 27 NORTH  
SEBRING, FL 33870**



03292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0828057**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**OLIVEROS, FABIO  
130 MEDICAL CENTER AVENUE  
SEBRING, FL 33870**

**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, 2005 Fee will be \$550.00**

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

**1100000283141  
04/01/05-80015-007 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	OLIVEROS, FABIO
STREET ADDRESS	130 MEDICAL CENTER AVE
CITY - ST - ZIP	SEBRING, FL 33870
TITLE	ST
NAME	PAHK, KYE
STREET ADDRESS	6801 US 27 N., STE C-2
CITY - ST - ZIP	SEBRING, FL 33870
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(f), 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:** *E. OLIVEROS* **E. OLIVEROS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/29/05 863-385-2606**  
Date Daytime Phone #