
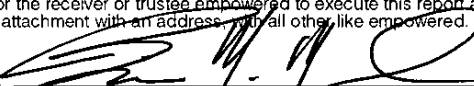


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90111 045 ***150.00

DOCUMENT # P98000063256 1. Entity Name NEURO IMAGING INSTITUTE II, INC.					
Principal Place of Business ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243			Mailing Address P.O. BOX 380546 BIRMINGHAM AL 35238		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3526582 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GORDON, JOEL C ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD Grinney, Jay One HealthSouth Parkway Birmingham, Alabama 35243 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SANSONE, GUY ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Snow, Michael D. One HealthSouth Parkway Birmingham, Alabama 35243 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MENKE, BRIAN M ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Workman, John One HealthSouth Parkway Birmingham, Alabama 35243 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAY, ROBERT P ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEMARAY, C. DREW ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOODY, GREGORY L ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOODY, GREGORY L ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Brian M. Menke 4/27/05 (205)967-7116 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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1st MOORE CR2E034 (10/04)