

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000063256

Entity Name: NEURO IMAGING INSTITUTE II, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

22 INVERNESS CENTER PARKWAY
SUITE 425
BIRMINGHAM, AL 35243

New Principal Place of Business:

Current Mailing Address:

22 INVERNESS CENTER PARKWAY
SUITE 425
BIRMINGHAM, AL 35243

New Mailing Address:

FEI Number: 59-3526582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MUNSON, DIANE
Address: 22 INVERNESS CENTER PARKWAY , SUITE 425
City-St-Zip: BIRMINGHAM, AL 35242

Title: CFO () Delete
Name: MCPHERSON, STEVE
Address: 22 INVERNESS CENTER PARKWAY , SUITE 425
City-St-Zip: BIRMINGHAM, AL 35242

Title: VP () Delete
Name: WALKER, JOHN
Address: 22 INVERNESS CENTER PARKWAY , SUITE 425
City-St-Zip: BIRMINGHAM, AL 35242

Title: VP (X) Delete
Name: FOLTS, BARBARA
Address: 22 INVERNESS CENTER PARKWAY , SUITE 425
City-St-Zip: BIRMINGHAM, AL 35242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: CHERNEY, MARK
Address: 22 INVERNESS CENTER PARKWAY , SUITE 425
City-St-Zip: BIRMINGHAM, AL 35242

Title: TREA (X) Change () Addition
Name: WALKER, JOHN
Address: 22 INVERNESS CENTER PARKWAY , SUITE 425
City-St-Zip: BIRMINGHAM, AL 35242

Title: SEC (X) Change () Addition
Name: ATTAWAY, JOSEPH
Address: 22 INVERNESS CENTER PARKWAY , SUITE 425
City-St-Zip: BIRMINGHAM, AL 35242

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN WALKER

Electronic Signature of Signing Officer or Director

TREA

05/01/2009

_____ Date