

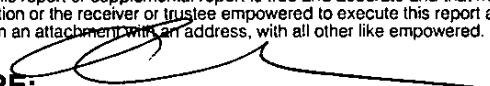


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000074636			FILED 05 MAY -4 AM 11:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA 
1. Entity Name DYNAMIC IMAGING MRI CENTER, INC.			
Principal Place of Business 1730 S FEDERAL HWY DELRAY BEACH, FL 33483		Mailing Address 1730 S FEDERAL HWY DELRAY BEACH, FL 33483	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent COUCH, ALEX 1730 S FEDERAL HWY DELRAY BEACH, FL 33483		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		900054686419 05/17/05--01060--016 **1850.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EFFENSON, LEE D 818 E. COLONIAL DR. ORLANDO, FL 32806		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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: 		Date 4/30/05 Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			