2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# P98000076684

Entity Name: SOUTHERN OPEN MRI, INC.

Current Principal Place of Business:

3593 NW DEVANE ST
LAKE CITY, FL 32055 US

New Principal Place of Business:

Current Mailing Address:

3593 NW DEVANE ST
LAKE CITY, FL 32055 US

New Mailing Address:

FEI Number: 59-3529628 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELAVZ-SAMI, LUCIA
RR 13 BOX 314
LAKE CITY, FL 32055

Name and Address of New Registered Agent:

DELAUZ-SAMI, LUCIA
1075 NW FRONTIER DR.
LAKE CITY, FL 32055

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: LUCIA M. DELAUZ-SAMI 01/09/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SAMI, ROUBEN
Address: 2455 CAROLTON RD
City-St-Zip: MAITLAND, FL 32751

Title: VTSD ( ) Delete
Name: DELAVZ-SAMI, LUCIA
Address: RR 13 BOX 314
City-St-Zip: LAKE CITY, FL 32055

Title: CM ( ) Delete
Name: DELAVZ-SAMI, LUCIA
Address: RR 13 BOX 314
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTSD (X) Change ( ) Addition
Name: DELAUZ-SAMI, LUCIA
Address: 1075 NW FRONTIER DR.
City-St-Zip: LAKE CITY, FL 32055

Title: CM (X) Change ( ) Addition
Name: DELAUZ-SAMI, LUCIA
Address: 1075 NW FRONTIER DR.
City-St-Zip: LAKE CITY, FL 32055

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LUCIA M. DELAUZ-SAMI VTSD 01/09/2004
Electronic Signature of Signing Officer or Director Date