

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90048 031 ***150.00

DOCUMENT # P98000076684

1. Entity Name

SOUTHERN OPEN MRI, INC.



Principal Place of Business

**3593 NW DEVANE ST
LAKE CITY, FL 32055**

US

Mailing Address

**3593 NW DEVANE ST
LAKE CITY, FL 32055**

US



01112005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3529628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DELAUZ-SAMI, LUCIA

**1076 NW FRONTIER DR.
LAKE CITY, FL 32055**

207 NW Lake Valley ter.

**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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SAMI, ROUBEN
STREET ADDRESS	2455 CAROLTON RD
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	VTSD
NAME	DELAUZ-SAMI, LUCIA
STREET ADDRESS	1076 NW FRONTIER DR. <i>207 NW Lake Valley ter.</i>
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	CM
NAME	DELAUZ-SAMI, LUCIA
STREET ADDRESS	1076 NW FRONTIER DR. <i>207 NW Lake Valley ter.</i>
CITY-ST-ZIP	LAKE CITY, FL 32055
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/05 (380) 755-4788