

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000076684

Entity Name: SOUTHERN OPEN MRI, INC.

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

289 SW STONEGATE TERRACE
SUITE # 102
LAKE CITY, FL 32024 US

New Principal Place of Business:

Current Mailing Address:

289 SW STONEGATE TERRACE
SUITE # 102
LAKE CITY, FL 32024 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:

DELAUZ-SAMI, LUCIA
207 NW LAKE VALLEY TER
LAKE CITY, FL 32055 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

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: DELAUZ-SAMI, LUCIA
Address: 207 NW LAKE VALLEY TER
City-St-Zip: LAKE CITY, FL 32055

Title: CM () Delete
Name: DELAUZ-SAMI, LUCIA
Address: 207 NW LAKE VALLEY TER
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LUCIA DELAUZ-SAMI

VTSD

04/01/2009

Electronic Signature of Signing Officer or Director

Date