

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000094194

Entity Name: MRI ASSOCIATES OF TAMPA, INC.

FILED
Oct 20, 2006
Secretary of State

Current Principal Place of Business:

6800 N DALE MABRY HWY, STE 141
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

6800 N DALE MABRY HWY, STE 141
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3548559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, WARREN
6800 N DALE MABRY HWY, STE 144
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

STEVENS, JOHN
6800 N DALE MABRY HWY, STE 144
TAMPA, FL 33614 US

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: JOHN STEVENS

10/20/2006

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: PT () Delete
Name: STEVENS, JOHN W
Address: PO BOX 445
City-St-Zip: OZONA, FL 34660

Title: VPS () Delete
Name: STEVENS, WARREN A
Address: 984 RIVERSIDE RIDGE ROAD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T () Delete
Name: STEVENS, WARREN A
Address: 984 RIVERSIDE RIDGE ROAD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S () Delete
Name: GROOMS, CARA A
Address: 11521 128 AVENUE
City-St-Zip: LARGO, FL 33778

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CARA GROOMS

S

10/20/2006

Electronic Signature of Signing Officer or Director

Date