# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 23, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P99000002276

Entity Name
WEST GABLES OPEN MRI SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6741 CORAL WAY<br>SUITE 48<br>MIAMI, FL 33155 US | 3233 PALM AVE.<br>4TH FLOOR<br>HIALEAH, FL 33012 US |

01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0885787
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRUZ, DR. LUIS
3233 PALM AVE.
4TH FLOOR
HIALEAH, FL 33012

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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.

100000336630
01/30/06-80017-010 150.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS

| | |
|---|---|
| | D<br>CRUZ, LUIS |
| ADDRESS | 6741 CORAL WAY #48 |
| CITY-ST-ZIP | MIAMI, FL 33155 |
| | MGRM<br>GARCIA, JOSE M SR |
| ADDRESS | 3233 PALM AVE 4TH FLOOR |
| CITY-ST-ZIP | HIALEAH, FL 33012 |
| | MGRM<br>GARCIA, CARLOS M |
| ADDRESS | 3233 PALM AVE 4TH FLOOR |
| CITY-ST-ZIP | HIALEAH, FL 33012 |
| ADDRESS | |
| CITY-ST-ZIP | |
| ADDRESS | |
| CITY-ST-ZIP | |
| ADDRESS | |
| CITY-ST-ZIP | |

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 1-17-06 (305) 642-0590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #