


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90048 046 ***150.00

DOCUMENT # P99000024031	
1. Entity Name OPEN MRI OF MANATEE, INC.	

Principal Place of Business 702 MANATEE AVENUE WEST BRADENTON, FL 34205	Mailing Address 702 MANATEE AVENUE WEST BRADENTON, FL 34205
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50018905

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02032005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0917760		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARRISON, HENDRICKSON, DOUGLASS & KIRKLAND 1206 MANATEE AVENUE WEST BRADENTON, FL 34205		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAHAM, JR, ANGUS W 8012 1ST AVE W BRADENTON, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STRANG, ROBERT A CPA 103 W MARION AVE, STE 121 PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALLAHAN, CARL 203 24TH ST W BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIBBETTS, SCOTT 2305 9TH STREET W BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAXPAYER COPY STRANG, OLSEN & LYNCH, CPAs, PA 103 WEST MARION AVE, SUITE 121 PUNTA GORDA, FL 33950	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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  **1/31/2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Accredited by the American College of Radiology



ATTACHMENT

P99000624036
50018905



Joint Commission
on Accreditation of Healthcare Organizations

DENIS M. CAVANAGH, M.D. - Medical Director
Diplomate of the American Board of Radiology
ANGUS W. GRAHAM, JR., M.D. - Practice Manager
Diplomate of the American Board of Nuclear Medicine
Diplomate of the American Board of Radiology

LUTHER F. YOUNG, M.D.
Diplomate of the American Board of Radiology
DAVIS W. GRAHAM - Executive Director

February 17, 2005

Division of Corporations
P. O. Box 6478
Tallahassee, Florida 32314

To Whom It May Concern:

In reference to FEI Number 65-0917760/ OPEN MRI OF MANATEE, INC

On February 15, 2005, we sent you the original form without the check. Therefore, today, we are attaching a copy of the form with the check.

Please let me know if you have any question. You can call me at 941-748.8077, extension 184

Thank you,

Mary Belhouchat
Bookkeeper