Mailing Address

SUITE 305

4200 NW 16TH STREET

LAUDERHILL FL 33313

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

DOCUMENT # P99000105548

Country

6. Name and Address of Current Registered Agent

1. Entity Name

A-1 MOBILE MRI, INC.

Principal Place of Business

2. Principal Place of Business

ROUSSO, MARK E

Suite, Apt. #, etc.

City & State

Zip

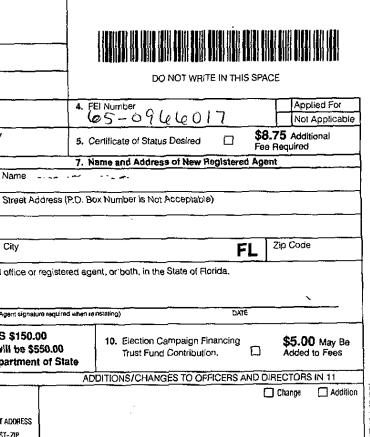
4200 NW 16TH STREET

LAUDERHILL FL 33313

SUITE 305

FILED

May 16, 2000 8:00 am Secretary of State 04-13-2000 90054 038 ***150.00



Daytime Phone #

2875 N.E. 191ST STREET PH 3A AVENTURA FL 33180			5.00.1.52.000 (1.15			
			City	FL	Zip Code	
8. The above	named entity submits this statement for the	e purpose of changing its regi	stered office or registered	agent, or both, in the State of Florida.		
SIGNATURE _	Signature, typed or printed name of registered agent and t	the if applicable. (NOTE: Reg	istered Agent signature required wh	en reinstating) DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		1	Added	May Be to Fees
11.	OFFICERS AND DIF	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SOTO, ANGEL L 4200 NW 16TH STREET SUITE 305 LAUDERHILL FL 33313	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOTO, ANGEL L 4200 NW 16TH STREET SUITE 305 LAUDERHILL FL 33313	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Change	☐ Addition
THILE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
13. I hereby indicated of the co		rue and accurate and that my rered to execute this report as		ction 119.07(3)(I), Florida Statutes. I further c ame legal effect as if made under oath; that Florida Statutes; and that my name appears		

Country