


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90023 048 \*\*\*150.00

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| DOCUMENT # P99000105548  |  |   |  |
| 1. Entity Name<br>A-1 OPEN MRI INC.  |  |  |  |
| Principal Place of Business<br>4661 JOHNSON ROAD<br>SUITE 4<br>COCONUT CREEK FL 33073<br>US  |  | Mailing Address<br>4661 JOHNSON ROAD<br>SUITE 4<br>COCONUT CREEK FL 33073<br>US  |  |
| 2. Principal Place of Business - No P.O. Box #<br>2825 N University Dr -<br>Suite, Apt. #, etc.<br>100   |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |
| City & State<br>Coral Springs, FL  |  | City & State   |  |
| Zip<br>33065   | Country<br>USA   | Zip  | Country  |
| 4. FEI Number 65-0966017   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  | 1st MOORE CR2E034 (10/06)  |  |
| 6. Name and Address of Current Registered Agent<br>HEARST, RITA<br>4661 JOHNSON ROAD<br>SUITE 4<br>COCONUT CREEK FL 33073  |  | 7. Name and Address of New Registered Agent<br>Name Rita Hearst<br>Street Address (P.O. Box Number is Not Acceptable)<br>2825 N University Dr.<br>#100<br>City Coral Springs FL Zip Code 33065 |  |
| 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 Rita Hearst<br>Signature, typed or printed name of registered agent and role if applicable.  |  | (NOTE: Registered Agent signature required when re-appointing) DATE  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br>HEARST, RITA<br>4661 JOHNSON ROAD, SUITE 4<br>COCONUT CREEK FL 33073<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | Rita Hearst Owner<br>Rita Hearst<br>2825 N. University Dr.<br>Coral Springs, FL 33065<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | Rita Hearst<br><input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | President / V. President<br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | Rita Hearst<br><input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | Secretary<br><input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | Rita Hearst<br><input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | Treasurer<br><input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Section 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: Rita Hearst<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | 1/24/07 954-596-5222<br>Date Daytime Phone #   |  |