

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V18363

FILED  
Jan 18, 2011  
Secretary of State

**Entity Name:** CORAL GABLES MRI, INC.

**Current Principal Place of Business:**

747 PONCE DE LEON BLVD  
SUITE 100  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

760 PONCE DR LEON BLVD  
MIAMI, FL 33134 US

**New Mailing Address:**

FEI Number: 65-0334496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BRACERAS, WILFRED  
760 PONCE DE LEON BLVD  
MIAMI, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: WILFRED, BRACERAS  
Address: 760 PONCE DE LEON BLVD  
City-St-Zip: MIAMI, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: WILFRED BRACERAS

PRES

01/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date