

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000118335

Entity Name: PALMS MRI DIAGNOSTIC IMAGING CENTER, INC.

Current Principal Place of Business:

2825 NORTH UNIVERSITY DRIVE
SUITE 100
CORAL SPRINGS, FL 33065

Current Mailing Address:

2825 N UNIVERSITY DRIVE
SUITE 100
CORAL SPRINGS, FL 33065

FEI Number: 20-3378480

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TORRES, LUIS IPRES
2825 NORTH UNIVERSITY DRIVE
SUITE 100
CORAL SPRINGS, FL 33065 US

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

Officer/Director Detail :

Title PRES
Name TORRES, LUIS IPRES
Address 2825 NORTH UNIVERSITY DRIVE
City-State-Zip: CORAL SPRINGS FL 33065

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: LUIS TORRES

PRESIDENT

01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date