

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000020727

**Entity Name:** MIAMI DADE COUNTY MRI, CORP.

**Current Principal Place of Business:**

411 SW 27 AVE  
100  
MIAMI, FL 33135

**Current Mailing Address:**

411 SW 27 AVE  
100  
MIAMI, FL 33135

**FEI Number:** 65-0820576

**Certificate of Status Desired:** No

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

PEREZ, OMAR V  
411 SW 27 AVE  
100  
MIAMI, FL 33135 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 PD  
Name PEREZ, OMAR V  
Address 411 SW 27 AVE STE 100  
City-State-Zip: MIAMI FL 33175

*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:** OMAR V. PEREZ

**PRESIDENT**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date