

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V18363

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

760 PONCE DR LEON BLVD  
MIAMI, FL 33134 US

**FEI Number:** 65-0334496

**Certificate of Status Desired:** Yes

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

BRACERAS, WILFRED  
760 PONCE DE LEON BLVD  
MIAMI, FL 33134 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            PTSD  
Name            WILFRED, BRACERAS  
Address        760 PONCE DE LEON BLVD  
City-State-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

02/04/2014

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

\_\_\_\_\_  
Date