

2015 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

03/21/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date