


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000013018</b> 1. Entity Name <b>MIAMI MRI ASSOCIATES, LLC</b>	
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Principal Place of Business <b>6 CORPORATE CENTER DRIVE SUITE 101 MELVILLE, NY 11747</b>	Mailing Address <b>110 MARCUS DR. MELVILLE, NY 11747</b>
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01062005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>33-1009608</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**IMPERATO, GABE ESQ  
1 FINANCIAL PLAZA  
SUITE 2700  
FORT LAUDERDALE, FL 33394**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$50.00  
Due by May 1, 2005**

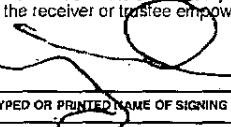
000000206491  
02/01/05-80008-017 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DAMADIAN, TIMOTHY 6 CORPTE CTR DR STE 101 MELVILLE, NY 11747</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **Timothy Damadian, Manager** **1/26/05** **631-694-2929**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #