
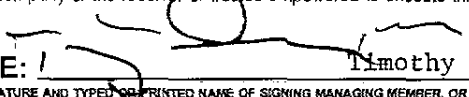


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000013018		
1. Entry Name MIAMI MRI ASSOCIATES, LLC		
Principal Place of Business 6 CORPORATE CENTER DRIVE SUITE 101 MELVILLE, NY 11747		Mailing Address 110 MARCUS DR. MELVILLE, NY 11747
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR DAMADIAN, TIMOTHY 6 CORPTE CTR DR STE 101 MELVILLE, NY 11747	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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		631-694-2929
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



01112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
33-1009608

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required