

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000013018**

1. Entity 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-1009608

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR ☐ Delete  
NAME: DAMADIAN, TIMOTHY  
STREET ADDRESS: 6 CORPTE CTR DR STE 101  
CITY- ST- ZIP: MELVILLE NY 11747

☐ Change ☐ Addition  
U000000642917  
03/01/07-80064-001 50.00

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

631-396-1050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #