

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000008397

1. Entity Name
STAND UP MRI, LLC



Principal Place of Business
**26451 ROOKERY LAKE DRIVE
BONITA SPRINGS, FL 34134**

Mailing Address
**26451 ROOKERY LAKE DRIVE
BONITA SPRINGS, FL 34134**



07132005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3640293

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARKER, JERROLD
26451 ROOKERY LAKE DRIVE
BONITA SPRINGS, FL 34134**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/13/05

**Filing Fee is \$50.00
Due by September 7, 2005**

U000000373457

07218/05-80016-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PARKER, JERROLD S
26451 ROOKERY LAKE DR
BONITA SPRINGS, FL 34134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WAICHMAN, HERBERT L
183 W. 95TH ST
NEW YORK, NY 10025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

7/13/05