

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90139 004 ****50.00

DOCUMENT # L03000020072

1. Entity Name
STAND-UP MRI OF TAMPA, LLC



Principal Place of Business
**2605 W. KENNEDY BLVD.
TAMPA, FL 33609 US**

Mailing Address
**10911 ELLIOT ST.
RIVERVIEW, FL 33569**

20010147



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
APPLIED FOR 77-0652675

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERICAN INFORMATION SERVICES INC.
ONE SOUTHEAST THIRD AVE., STE. 2800
MIAMI, FL 33131**

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 signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROSEN, JAY L
10911 ELLIOT ST.
RIVERVIEW, FL 33569** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STAND-UP IMAGING SPECIALISTS, LLC
2605 W. KENNEDY BLVD.
TAMPA, FL 33609** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/6/05

Date

813-335-2000

Daytime Phone #