2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000005011

1. Entity Name
VERTICAL PLUS MRI OF AMERICA, LLC, SERIES 7
(SARASOTA FLORIDA)

Principal Place of Business
7222 S. TAMIAMI TRAIL
UNITS 107 & 108
SARASOTA, FL 34231

Mailing Address
7222 S. TAMIAMI TRAIL
UNITS 107 & 108
SARASOTA, FL 34231

07122005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1591124
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARNSTEIN & LEHR LLP
ATTN; SCOTT AUSTIN
2424 N. FEDERAL HWY, SUITE 462
BOCA RATON, FL 33431

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

Filing Fee is $50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	M
NAME	MAGNETIC PARTNERS LLC
STREET ADDRESS	480 DELAWAR CIRCLE
CITY-ST-ZIP	BOLINGBROOK, IL 60440
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000374574
07/26/05-80006-005 55.00

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: Merritt Roetzer 7/22/05 708-799-4940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #