

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90065 043 \*\*\*150.00

**DOCUMENT # P02000117536**

1. Entity Name  
**STAND-UP MRI OF MIAMI, P.A.**



Principal Place of Business  
**1661 SOUTHWEST 37TH AVENUE  
MIAMI, FL 33131**

Mailing Address  
**% ROBERT J. DIAMOND, MD  
110 MARCUS DRIVE  
MELVILLE, NY 11747**

**50009958**



2. Principal Place of Business

3. Mailing Address  
**110 Marcus Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005 Chg-P CR2E034 (10/03)

City & State

City & State  
**Melville**

4. FEI Number  
**37-1448603**

Applied For  
Not Applicable

Zip

Country

Zip  
**11747**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GABE IMPERATO, ESQ/ BROAD & CASSEL  
1 FINANCIAL PLAZA  
SUITE 2700  
TALLAHASSEE, FL 32301-2525**

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**P  
DAMADIAN, RAYMOND V MD  
110 MARCUS DRIVE  
MELVILLE, NY 11747** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**P;S;T,D  
Raymond V. Damadian  
110 Marcus Drive  
Melville, NY 11747** ☐ Change ☒ Addition

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

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☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Raymond V. Damadian** President

Date **1/26/05**

Daytime Phone # **631-694-2929**