## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AN
Secretary of State

DOCUMENT # P02000117536  1. Entity Name STAND-UP MRI OF MIAMI, P.A.			Secret	ary or State
Principal Place of Business 1661 SOUTHWEST 37TH AVENUE MIAMI, FL 33131	Mailing Address 110 MARCUS DRIVE MELVILLE, NY 11747			<u>  (1881   1884   1884   1888)   1884</u>
				<b>334 (11/05)</b>
DO NOT WRITE	IN THIS SPA	CE	4. FEI Number 37-1448603	Applied For Not Applicable
6. Name and Address of Current R	existered Agent		5. Certificate of Status Desired	\$8.75 Additional Fee Required
GABE IMPERATO, ESQ/ BROAD & CASSEL 1 FINANCIAL PLAZA SUITE 2700 TALLAHASSEE, FL 32301-2525			DO NOT WRIT IN THIS SPAC	
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				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	S. Election Campaign Fina     Trust Fund Contribution	incing \$5	.00 May Be led to Fees	A4.
10. OFFICERS AND D	IRECTORS		2.1	
ITILE PSTD  NAME DAMADIAN, RAYMOND V  STREET ADDRESS 110 MARCUS DRIVE  GIY-ST-AP MELVILLE, NY 11747				
THE NAME STREET ADDRESS OTY-SI-ZIP			U000004079 02/08/06-6004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		DO NOT WRIT	
TITLE NAME STREET ADDRESS CHY-ST-ZIP			IN THIS SPAC	Sous
THE NAME STREET ADDRESS GNY-ST-ZIP				
ITHE NAME STREET ADDRESS OTY-SI-ZIP	\$ · · · · · · · · · · · · · · · · · · ·	Tell I Reggio estre		
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 corporations the receiver or florites 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 it adverses, with all other like empowered  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Dayline Florida Statutes. I further certify that the information indicated in Chapter 119. Florida Statutes. I further certify that the information indicated in Chapter 119. Florida Statutes. I further certify that the information indicated in Chapter 119. Florida Statutes. I further certify that the information indicated in Chapter 119. Florida Statutes. I further certify that the information indicated in Chapter 119. Florida Statutes. I further certify that the information indicated in Chapter 119. Florida Statutes. I further certify that the information indicated in Chapter 119. Florida Statutes. I further certify that the information indicated in Chapter 119. Florida Statutes. I further certify that the information indicated in Chapter 119. Florida Statutes. I further certify that the information indicated in Chapter 119. Florida Statutes. I further certify that the information indicated in Chapter 119. Florida Statutes. I further certify that the information indicated in Chapter 119. Florida Statutes in Chapter 119. Florida Sta				