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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800121549388
03/31/08--01004--003 **150.00

DOCUMENT # P02000117536				SECRETARY OF STATE TALLAHASSEE, FL	
1. Entity Name STAND-UP MRI OF MIAMI, INC.				8001215493 03/31/08--01004--003	
Principal Place of Business 1661 SOUTHWEST 37TH AVENUE MIAMI, FL 33131		Mailing Address 110 MARCUS DRIVE MELVILLE, NY 11747			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6 Corporate Center Drive		03212008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. First Floor		4. FEI Number 37-1448603	
City & State		City & State Melville, New York		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
		11747	USA		
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 Now Registered Agent Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue City Tallahassee FL Zip Code 32301	
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, the registered agent.					
SIGNATURE <i>Katie Wunsch, Asst. Sec.</i> 3/28/08 (Signature, typed or printed name of registered agent and the filer, if applicable) (NOTE: Registered Agent signature required when reappointing) DATE					
9. Election Campaign Financing True Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DAMADIAN, TIMOTHY 6 CORPORAT CENTER DR. MELVILLE, NY 11747 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Damadian, Timothy ☒ Change ☐ Addition 6 Corporate Center Drive, First Floor Melville, New York 11747				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Chackerian, Ara ☐ Change ☒ Addition 6 Corporate Center Drive, First Floor Melville, New York 11747				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR McKelvey, Andrew ☐ Change ☒ Addition 6 Corporate Center Drive, First Floor Melville, New York 11747				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Peters, Bradford ☐ Change ☒ Addition 6 Corporate Center Drive, First Floor Melville, New York 11747				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Rodrigo, Xavier ☐ Change ☒ Addition 6 Corporate Center Drive, First Floor Melville, New York 11747				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 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, and all other filer information.					
SIGNATURE: <i>Bradford Peters</i> 3/24/2008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date					