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No. W 30735		Reinstatement Annual Report Form ADMIN DISSOLVED 08/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) <u>2</u>															
Return to: SECRETARY OF STATE 550 N 4th STREET PO BOX 87270 BOISE, ID 83720-0080		1. Mailing Address: (Enter in this box if needed.) STAND-UP MRI OF BOISE, LLC 180 GAYLUM CIRCLE STE 250 NIMMONT BEACH CA 92680 2 North Tamiami Trail Street Sarasota, FL 34236		PARACORP INCORPORATED 1201 N LIBERTY STE 917 BOISE, ID 83704															
REINSTATEMENT FEE DUE: \$30.00		3. Registered Agent Signature: <i>Ninh Ho</i> NINH HO, ASST SECRETARY PARACORP INCORPORATED																	
* Limited Liability Companies: Enter Names and Addresses of Managers or Members. <table border="1"> <thead> <tr> <th>Office name</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Phone Local</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>CHS</td> <td>2 N Tamiami Trail Suite 800</td> <td>Sarasota</td> <td>FL</td> <td>Sarasota</td> <td>84536</td> </tr> </tbody> </table>						Office name	Name	Street or PO Address	City	State	Country	Phone Local	Manager	CHS	2 N Tamiami Trail Suite 800	Sarasota	FL	Sarasota	84536
Office name	Name	Street or PO Address	City	State	Country	Phone Local													
Manager	CHS	2 N Tamiami Trail Suite 800	Sarasota	FL	Sarasota	84536													
5. Organized Under the laws of:		6.		12-9-2009															
IDAHO W 30735		Signature: <i>Ronald G. Hock</i>		Date:															
		Name (type or print): RONALD G. HOCK		Res. 6C															
Issued 12/17/2009 by LHM																			