

No. W 30735	Reinstatement Annual Report Form ADMIN DISSOLVED 08/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) Need to Appoint PARACORP INCORPORATED 921 S. Orchard St., Ste. G Boise, ID 83705
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. STAND-UP MRI OF BOISE, LLC 2 NORTH TAMIA MI TRAIL STE 800 SARASOTA FL 34236		3. New Registered Agent Signature. <i>Sharon Cooke</i> Sharon Cooke, Asst Secretary
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/>	Consolidated Healthcare Ron Hock 2 N Tamiami Trail Ste 210 SARASOTA FL 34236		
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 30735 </div>		6. Signature: <div style="text-align: center;"> <i>Ronald G. Hock</i> </div> Date: <u>12-4-2013</u> Name (type or print): <u>RONALD G. HOCK</u> Title: <u>MANAGER</u>	
Issued 11/22/2013 by SLD			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM