

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A14741

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** UNIVERSITY DIAGNOSTIC INSTITUTE, LTD.

**Current Principal Place of Business:**

3301 USF ALUMNI DRIVE  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

3301 USF ALUMNI DRIVE  
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number:** 59-2469164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SILBIGER, MARTIN L M.D.  
% THE IMAGING ASSOCIATES, INC.  
3301 ALUMNI DR.  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: L98000002710  
Name: ALR IMAGING, LLC  
Address: 3301 USF ALUMNI DRIVE  
City-St-Zip: TAMPA, FL 33612 94

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: MARTIN L SILBIGER

\_\_\_\_\_  
Electronic Signature of Signing General Partner

01/14/2011

\_\_\_\_\_  
Date