

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000965

FILED  
Mar 24, 2008  
Secretary of State

**Entity Name:** UNIVERSITY MRI RADIOLOGY ASSOCIATES, P.L.

**Current Principal Place of Business:**

3848 FAU BLVD  
SUITE 200  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

3848 FAU BLVD  
SUITE 200  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 65-1084737      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

STEINBERG, FRED L MD  
2581 N.W. 59TH STREET  
BOCA RATON, FL 33496 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

**MANAGING MEMBERS/MANAGERS:**

Title: DPTS ( ) Delete  
Name: STEINBERG, FRED L  
Address: 2581 N.W. 59TH STREET  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FRED STEINBERG

DPTS

03/24/2008

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date