

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**DOCUMENT # L03000023912**

1. Entity Name  
**UNIVERSITY MRI LEASING, LLC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 27 PM 3:10  
2/11

Principal Place of Business <b>3848 FAU BLVD., SUITE 200 BOCA RATON FL 33431</b>	Mailing Address <b>3848 FAU BLVD., SUITE 200 BOCA RATON FL 33431</b>
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MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEE Number <b>80-0073925</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**STEINBERG, FRED L M.D.  
3848 FAU BLVD., SUITE 200  
BOCA RATON FL 33431**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE **03/15/04**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

**55.00**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE _____ NAME <b>Steinberg, Fred</b> <input type="checkbox"/> Delete STREET ADDRESS <b>2581 N.W. 59 St.</b> CITY-ST-ZIP <b>Boca Raton, FL 33496</b>	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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*

2/11/04

*561-3629197*