

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023912

**FILED**  
**Mar 15, 2005**  
**Secretary of State**

**Entity Name:** UNIVERSITY MRI LEASING, LLC

**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:** 80-0073925      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

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

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

STEINBERG, FRED L M.D.  
2581 N.W. 59TH STREET  
BOCA RATON, FL 33496      US

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

03/15/2005

Date

**MANAGING MEMBERS/MEMBERS:**

Title:            P            ( ) Delete  
Name:            STEINBERG, FRED  
Address:        2581 N.W. 59 ST  
City-St-Zip:    BOCA RATON, FL 33496

**ADDITIONS/CHANGES:**

Title:            MGRM        (X) Change ( ) Addition  
Name:            STEINBERG, FRED  
Address:        2581 N.W. 59 ST  
City-St-Zip:    BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the 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 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 L. STEINBERG, M.D.

MGRM

03/15/2005

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