2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2006
Secretary of State

DOCUMENT# L03000030388

Entity Name: UNIVERSITY IMAGE GUIDED THERAPY CENTER, LLC

Current Principal Place of Business:

3848 FAU BLVD, STE 200
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

3848 FAU BLVD, STE 200
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 54-2156285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEINBERG, FRED L M.D.
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: MGRM ( ) Delete
Name: STEINBERG, FRED
Address: 2581 NW 59 ST
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 L STEINBERG M.D. MGRM 02/17/2006

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