

**2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A20000000655

**Entity Name:** UNIFIED MAMMOGRAPHY SERVICES, LP

**Current Principal Place of Business:**

1501 W. YAMATO RD., STE. 200  
BOCA RATON, FL 33431

**Current Mailing Address:**

1501 W. YAMATO RD., STE.200  
BOCA RATON, FL 33431 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE, STE A  
TALLAHASSEE, FL 32301 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:** JOSE MOJICA

03/06/2023

Electronic Signature of Registered Agent

Date

**General Partner Detail :**

Document #

Name UNIFIED PHYSICIAN MANAGEMENT  
GP, LLC

Address 1501 W. YAMATO RD., STE. 200

City-State-Zip: BOCA RATON FL 33431

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN WRIGHT

**AUTHORIZED PERSON**

03/06/2023

Electronic Signature of Signing General Partner Detail

Date