

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000000965

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

**Current Principal Place of Business:**

3848 FAU BLVD  
SUITE 200  
BOCA RATON, FL 33431

**Current Mailing Address:**

3848 FAU BLVD  
SUITE 200  
BOCA RATON, FL 33431

**FEI Number:** 65-1084737

**Certificate of Status Desired:** No

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

STEINBERG, FRED LMD  
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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

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

*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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRED STEINBERG

**PRESIDENT**

**03/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date