

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUL 30 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A94000001285**

1. Name of Limited Partnership

SOUTH BROWARD MRI CENTER, LTO.

2. Mailing Address

4700 SHERIDAN STREET

Suite, Apt. #, etc.

SUITE D

City & State

HOLLYWOOD, FLORIDA

Zip

33021

Country

USA

3. Principal Office Address

4700 SHERIDAN STREET

Suite, Apt. #, etc.

SUITE D

City & State

HOLLYWOOD, FLORIDA

Zip

33021

Country

USA

4. Date Formed or Registered
To Do Business in Florida

09/21/1994

5. FEI Number

65-0520763

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. State or Country of Formation

FLORIDA

8a. Capital Contributions as Shown
on Record:

\$2,500,000.00

8b. Amount of Capital Contributions in
FLORIDA to date

FEES: 1.)

Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

**SHICK, HERBERT L. M.D.
4700-D SHERIDAN STREET
HOLLYWOOD, FL 33021**

10. If changed, new registered agent/office

Name

Street Address (P.O. Box Number)

700002254317-0

Suite, Apt. #, etc.

07/31/97-01098-006

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Names of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

11a. Registration
Document Number

**SOUTH BROWARD MRI CENTER
INC**

**4700-D SHERIDAN
STREET**

HOLLYWOOD, FL 33021

P 94000069825

800.00 437.50 103.75 8.75

REINSTATEMENT

**97 JUL
DEC**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

HERBERT SHICK, MD

DATE

JULY 19, 1997

Typed or Printed Name of General Partner Signing Form

HERBERT SHICK, MD

Telephone Number

1-954-962-4700

CR2E039 (1/97)