

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

98 SEP 23 AM 9:41

1. Name of Limited Partnership	1a. DOCUMENT # A94000001285
SOUTH BROWARD MRI CENTER, LTD.	



Mailing Address 4700 SHERIDAN STREET, SUITE D HOLLYWOOD FL 33021	Principal Office Address 4700 SHERIDAN STREET, SUITE D HOLLYWOOD FL 33021	3. Date Formed or Registered 09/21/1994	5a. Capital Contributions as Shown on record. \$2,500,000.00
		3a. Date of Last Report 12/10/1997	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 65-0520763	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

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 is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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. Name(s) of General Partner(s) SOUTH BROWARD MRI CENTER, IN	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4700-D SHERIDAN STREET	11b. City, State & Zip Code HOLLYWOOD FL 33021	11c. Registration/Document Number P94000069825
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09/24/98--01080--003
****\$35.00 ****\$35.00

CR2E003 (8/98)

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 L. Shick

DATE

SEP 15 1998

Typed or Printed Name of General Partner Signing Form

HERBERT L SHICK, MD

Daytime Telephone Number

1-954-962-4700