

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	A94000001285
1. Entity Name	SOUTH BROWARD MRI CENTER, LTD.

Principal Place of Business	Mailing Address
4700 SHERIDAN STREET, SUITE D HOLLYWOOD FL 33021	4700 SHERIDAN STREET, SUITE D HOLLYWOOD FL 33021

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent
SHICK, HERBERT L M.D. 4700-D SHERIDAN STREET HOLLYWOOD FL 33021

DUE BY SEPTEMBER 26, 2001	
4. FEI Number	65-0520763
Applied For	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record	\$2,500,000.00	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000069825	STREET ADDRESS	
NAME	SOUTH BROWARD MRI CENTER, INC.	CITY-ST-ZIP	
STREET ADDRESS	4700-D SHERIDAN STREET		
CITY-ST-ZIP	HOLLYWOOD FL 33021		
DOCUMENT #		STREET ADDRESS	308004513829-5
NAME		CITY-ST-ZIP	-08/03/01--01032--029
STREET ADDRESS			****935.00 ****935.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall be given in the presence of a Notary Public or a Commissioner of the State of Florida. I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by the Florida Statutes.

SIGNATURE: Herbert L. Shick **HERBERT SHICK, M.D.** Jul 17, 2001 (954) 862-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #