

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

DOCUMENT # A94000001285

1. Entity Name

SOUTH BROWARD MRI CENTER, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL -6 AM 9:18

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

Mailing Address  
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

Zip

Country

*[Handwritten signature]*



1ST MOORE

CR2E003 (10/04)

4. FEI Number  
65-0520763

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
as Shown on record. \$2,500,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.

*53625 + 8.75 = 53633.75*

**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  
NAME SOUTH BROWARD MRI CENTER, INC.  
STREET ADDRESS 4700-D SHERIDAN STREET  
CITY-ST-ZIP HOLLYWOOD FL 33021

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200057481222  
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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)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

*Herbert L Shick, M.D.*  
HERBERT L SHICK, M.D. President  
SOUTH BROWARD MRI CENTER, INC.

JAN 31 2005  
JUL 1, 2005

954-962-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE