

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # A94000001285

1. Entity Name
SOUTH BROWARD MRI CENTER, LTD.



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

Mailing Address
**4700 SHERIDAN STREET, SUITE D
HOLLYWOOD, FL 33021**



03092006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

000000519536
05/02/06-80056-018 508.75

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

DOCUMENT # **P94000069825**
NAME **SOUTH BROWARD MRI CENTER, INC.**
STREET ADDRESS **4700-D SHERIDAN STREET**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

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IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the report pursuant to Chapter 620, Florida Statutes.

SIGNATURE:

Herbert L. Shick

HERBERT L. SHICK, M.D.

APR 17 2006

954-962-4708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE