

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000001285

**FILED**  
**Aug 27, 2007**  
**Secretary of State**

**Entity Name:** SOUTH BROWARD MRI CENTER, LTD.

**Current Principal Place of Business:**

4700 SHERIDAN STREET, SUITE D  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4700 SHERIDAN STREET, SUITE D  
HOLLYWOOD, FL 33021

**New Mailing Address:**

4251 MANGRUM COURT  
HOLLYWOOD, FL 33021

**FEI Number:** 65-0520763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SHICK, HERBERT L M.D.  
4251 MANGRUM COURT  
HOLLYWOOD, FL 33021 US

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: HERBERT L SHICK, MD

08/27/2007

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: P94000069825  
Name: SOUTH BROWARD MRI CENTER, INC.  
Address: 4700-D SHERIDAN STREET  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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, MD

OWN

08/27/2007

Electronic Signature of Signing General Partner

Date