

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED

08 JAN 15 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # A94000001285**

1. Entity Name  
SOUTH BROWARD MRI CENTER, LTD.



Principal Place of Business *3800-B Johnson Street*  
4700 SHERIDAN STREET, SUITE D  
HOLLYWOOD, FL 33021

Mailing Address  
4251 MANGRUM COURT  
HOLLYWOOD, FL 33021



01042008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

SHICK, HERBERT L M.D.  
4251 MANGRUM COURT  
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, 2008, Fee will be \$900.00**

**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-B SHERIDAN STREET <i>3800-B Johnson Street</i>
CITY-ST-ZIP	HOLLYWOOD, FL 33021

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**DO NOT WRITE  
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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 this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE