

A9400000/285

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(Business Entity Name)

(Document Number)

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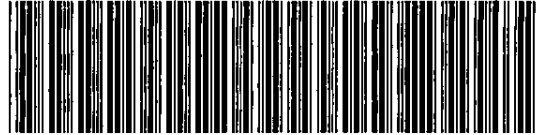
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/15/09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH BROWARD/MRI CENTER, LTD.
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Reuben M. Schneider

(Contact Person)

Greenspoon Marder, P.A.

(Firm/Company)

18351 N.E. 29th Avenue, Suite 406

(Address)

Aventura, FL 33180

(City, State and Zip Code)

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For further information concerning this matter, please call:

Reuben M. Schneider at (888) 491-1120
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☒ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION FOR

SOUTH BROWARD MRI CENTER, LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on September 21, 1994, assigned Florida document number A94000001285, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

The general partner, South Broward MRI Center, Inc., and the limited partner, Rolla I. Shick, have decided not to continue business.

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: January 16, 2009

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Rolla I. Shick
Rolla I. Shick, Limited partner
Rolla I. Shick

SOUTH BROWARD MRI CENTER, INC.,
General Partner

By: Herbert L. Shick
Herbert L. Shick, President

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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TALLAHASSEE, FLORIDA
SOUTH BROWARD MRI
Center, Inc.