

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001285

1. Entity Name
SOUTH BROWARD MRI CENTER, LTD.



FILED
03 APR 24 AM 9:39
TALLAHASSEE, FLORIDA

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

DUE BY MAY 1, 2003

4. FEI Number 65-0520763

Applied For

Not Applicable

Zip

Country

Zip

Country

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. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

100016976569
04/24/03--01079--011 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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900016976569
04/24/03--01079--018 **535.00

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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. March 31, 2003 954-962-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0001039

AV

STAPLE CHECK HERE