

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

2L
12/11/96
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 12 AM 9:43



1. Name of Limited Partnership	1a. DOCUMENT # A31448
INDIAN RIVER MRI ASSOCIATES, LTD.	

Mailing Address P.O. BOX 6296 VERO BEACH FL 32961	Principal Office Address 1000 36TH STREET, 2ND FLOOR VERO BEACH FL 32960
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 04/17/1991	5a. Capital Contributions as Shown on record. \$630,000.00
3a. Date of Last Report 07/10/1996	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	
6. FEI Number 62-1459037	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent BAILEY, MICHAEL D 1000 36TH ST., 2ND FLOOR VERO BEACH FL 32960	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
----------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) HERITAGE MEDICAL SERVICES OF	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1911 21ST AVE., SOUTH 3322 WEST END AVE., SUITE 500	11b. City, State & Zip Code NASHVILLE TN 37203	11c. Registration/Document Number \$38556
			500002033345--1 -12/19/96--01018--018 ****576.25 ****576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Michael D. Bailey* DATE 12-3-96
Typed or Printed Name of General Partner Signing Form MICHAEL D. BAILEY, SECY. Daytime Telephone Number 615/269-3233

CR2E003 (6/96)