

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

98 MAY 11 PM 12:53



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

Mailing Address PAKELAWA VERO BEACH, FL 32960		Principal Office Address 1000 36TH STREET, 2ND FLOOR VERO BEACH FL 32960		3. Date Formed or Registered 04/17/1991	5a. Capital Contributions as Shown on record. \$630,000.00
2. Mailing Address ONE HEALTHSOUTH PARKWAY		2a. Principal Office Address		3a. Date of Last Report 12/12/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State BIRMINGHAM, ALABAMA		City & State		6. FEI Number 62-1459037 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country 35243 USA		Zip Country		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 1000 36TH ST, 2ND FLOOR VERO BEACH, FL 32960	10. If changed, new Registered Agent/Office Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, etc. City PLANTATION Zip Code FL 33324
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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) Conne Bryan **CONNE BRYAN**
SPECIAL ASSISTANT SECRETARY DATE 5/11/98

**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 ONE HEALTHSOUTH PARKWAY B'HAM, AL 35243	11b. City, State & Zip Code NASHVILLE TN 37203	11c. Registration/ Document Number S38556
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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 Richard E. Botts DATE 3/28/98

RICHARD E. BOTTS

Residing Telephone Number **205-967-7116**

CR2E003 (12/97)