


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR -8 AM 10:36



LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership INDIAN RIVER MRI ASSOCIATES, LTD.		1a. DOCUMENT # A31448 <i>94-AR CM</i>	
Mailing Address ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243		Principal Office Address 1000 36TH STREET, 2ND FLOOR VERO BEACH FL 32960	
2. Mailing Address P. O. BOX 380546		2a. Principal Office Address ONE HEALTHSOUTH PARKWAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BIRMINGHAM, AL		City & State BIRMINGHAM, AL	
Zip Country 35243		Zip Country 35243	
3. Date Formed or Registered 04/17/1991		5a. Capital Contributions as Shown on record \$630,000.00	
3a. Date of Last Report 05/11/1998		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 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
HERITAGE MEDICAL SERVICES OF FLORIDA, INC.	ONE HEALTHSOUTH PARKW	BIRMINGHAM AL 35243	S38556
7000002814517 - E -03/22/99-01153-020 ****526.25 ****526.25			
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 effect 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 <i>Richard E. Botts</i>		DATE February 26, 1999	
Typed or Printed Name of General Partner Signing Form: RICHARD E. BOTTS		Daytime Telephone Number: (205) 967-7116	

CR2E003 (12/98)