


2002 UNIFORM BUSINESS REPORT (UBR)

0017828 AT

DOCUMENT # A31448
 1. Entity Name
INDIAN RIVER MRI ASSOCIATES, LTD.

FILED
 2002 MAY -8 AM 11:17
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
ONE HEALTHSOUTH PARKWAY **P.O. BOX 380546**
BIRMINGHAM AL 35243 **BIRMINGHAM AL 35243**

2. Principal Place of Business 3. Mailing Address
One HealthSouth Parkway
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Birmingham, AL

Zip Country Zip Country
35243

DUE BY MAY 1, 2002
 4. FEI Number Applied For
62-1459032 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$630,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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	
DOCUMENT #	S38556
NAME	HERITAGE MEDICAL SERVICES OF FLORIDA, INC.
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP	BIRMINGHAM AL 35243
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400005600684--0
CITY-ST-ZIP	-05/24/02--01001--019 ***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (9/01)

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:  **Richard E. Botts** 4/29/02 (205) 967-7116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #