


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A31448</b>					
1. Entity Name <b>INDIAN RIVER MRI ASSOCIATES, LTD.</b>					
Principal Place of Business <b>ONE HELATHSOUTH PARKWAY BIRMINGHAM AL 35243</b>			Mailing Address <b>P.O. BOX 380546 BIRMINGHAM AL 35243</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc			Suite, Apt #, etc		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>62-1459032</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE	
9. Capital Contributions as Shown on record. <b>\$630,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	<b>S38556</b>		STREET ADDRESS		
NAME	<b>HERITAGE MEDICAL SERVICES OF FLORIDA, INC.</b>		CITY- ST- ZIP		
STREET ADDRESS	<b>ONE HEALTHSOUTH PARKWAY</b>				
CITY- ST- ZIP	<b>BIRMINGHAM AL 35243</b>				
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1ST MOORE CR2E003 (10/04)

**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

**U00000367389**  
**05/16/05-80032-025 526.25**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, the receiver or trustee empowered to execute this report as required by Chapter 628, Florida Statutes

**SIGNATURE:**  **Brian M. Menke** **4/27/05** **(205) 967-7116**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE