

2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A31448

FILED
Sep 11, 2006
Secretary of State

Entity Name: INDIAN RIVER MRI ASSOCIATES, LTD.

Current Principal Place of Business:

ONE HELATHSOUTH PARKWAY
BIRMINGHAM, AL 35243

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380546
BIRMINGHAM, AL 35243

New Mailing Address:

FEI Number: 62-1459032 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #: S38556
Name: HERITAGE MEDICAL SERVICES OF FLORIDA, INC.
Address: ONE HEALTHSOUTH PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JODY MARTIN

Electronic Signature of Signing General Partner

AS

09/11/2006

Date