


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

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

<b>DOCUMENT # A28789</b> 1. Entity Name <b>MRI OF MIAMI, LTD.</b>	
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Principal Place of Business <b>5000 UNIVERSITY DRIVE CORAL GABLES FL 33146 US</b>	Mailing Address <b>P.O. BOX 380546 BIRMINGHAM AL 35238</b>
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2. Principal Place of Business <b>One HealthSouth Parkway</b> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>Birmingham, AL</b>	City & State
Zip <b>35243</b>	Country <b>US</b>



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	
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4. FEI Number <b>65-0141825</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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. 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>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date

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

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M20113	STREET ADDRESS	
NAME	DOCTORS' HEALTH SERVICE CORPORATION	CITY-ST-ZIP	U00000366673 05/16/05-80001-025 141.25
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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 620, Florida Statutes.

**SIGNATURE:**  **Brian M. Menke**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**(205) 967-7116**