

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 22 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT #** L99000003501  
1. Entity Name  
BEACHES OPEN MRI, L.L.C.

Principal Place of Business: 5146 S.W. SPRING ASTER COURT, PALM CITY FL 34990  
Mailing Address: 5146 S.W. SPRING ASTER COURT, PALM CITY FL 34990-8533

2. Principal Place of Business: 1540 Roberts Drive, Suite, Apt. #, etc.  
3. Mailing Address: 1540 Roberts Drive, Suite, Apt. #, etc.

City & State: Jacksonville Beach, FL  
City & State: Jacksonville Beach, FL  
Zip: 32250, Country: Duval  
Zip: 32250, Country: Duval

4. FEI Number: 43-0939085  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
COHEN, JEFFREY L ESQ.  
54 N.E. FOURTH AVENUE  
DELRAY BEACH FL 33483

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLANT, ANDREW M.D. 5146 S.W. SPRING ASTER COURT PALM CITY FL 34990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAYAS, HENRY M.D. 1590 CYPRESS GLENN WAY STUART FL 34997 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, ANDREW M.D. 6 CRANES NEST STUART FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gallant, Drew, M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003293101-5 -06/16/00--01004--003 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Henry Zayas SIGNATURE REQUIRED Date: 5/17/00 Daytime Phone #: 561-223-5515

CR2E083 (7/9)