

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003501

FILED
Apr 29, 2004
Secretary of State

Entity Name: BEACHES OPEN MRI, L.L.C.

Current Principal Place of Business:

1560 ROBERTS DRIVE
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

1560 ROBERTS DRIVE
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

1615 NW FEDERAL HWY
STUART, FL 34994

FEI Number: 65-0939085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JEFFREY L ESQ.
54 N.E. FOURTH AVENUE
DELRAY BEACH, FL 33483 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GALLANT, DREW M.D.
Address: 1615 NW FEDERAL HWY
City-St-Zip: STUART, FL 34994 US

Title: MGRM () Delete
Name: ZAYAS, HENRY M.D.
Address: 1615 NW FEDERAL HWY
City-St-Zip: STUART, FL 34994 US

Title: MGRM () Delete
Name: WALKER, ANDREW M.D.
Address: 1615 NW FEDERAL HWY
City-St-Zip: STUART, FL 34994 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANDREW T. WALKER, M.D.

MGRM

04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date