


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # L99000003501 1. Entity Name BEACHES OPEN MRI, L.L.C.	
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Principal Place of Business 350 10TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250 US	Mailing Address 1615 NW FEDERAL HWY STUART, FL 34994 US
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04102007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0939085	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WALKER, ANDREW T M.D. 1615 NW FEDERAL HWY. STUART, FL 34994

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

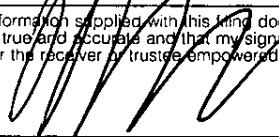
Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLANT, DREW M.D. 1615 NW FEDERAL HWY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAYAS, HENRY M.D. 1615 NW FEDERAL HWY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, ANDREW M.D. 1615 NW FEDERAL HWY STUART, FL 34994
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

LD00000716099
04/29/07-80002-020 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **772-**
 _____ **4/16/07** **878-5858**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #