


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
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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01222008No Chg-LLC CR2E083 (12/07)

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 _____

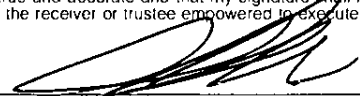
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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	

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02/14/08-80009-023 138.75

DO NOT WRITE IN THIS SPACE

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____