

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003501

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

FILED
Mar 16, 2011
Secretary of State

Current Principal Place of Business:

350 10TH AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

1615 NW FEDERAL HWY
STUART, FL 34994 US

New Mailing Address:

FEI Number: 65-0939085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, ANDREW T M.D.
1615 NW FEDERAL HWY.
STUART, FL 34994 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/MANAGERS:

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

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

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

I hereby 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

MGRM

03/16/2011

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