

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000003501

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

**Current Principal Place of Business:**

350 10TH AVENUE SOUTH  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

1615 NW FEDERAL HWY  
STUART, FL 34994 US

**FEI Number:** 65-0939085

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALKER, ANDREW TM.D.  
1615 NW FEDERAL HWY.  
STUART, FL 34994 US

*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

**Authorized Person(s) Detail :**

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

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

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

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDREW T. WALKER

MEMBER

02/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date