

2015 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

OFFICER

01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date