

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000015142**

1. Entity Name  
**BEACHES OPEN MRI OF THE TREASURE COAST, LLC**



Principal Place of Business  
**1615 NW FEDERAL HWY  
STUART, FL 34994 US**

Mailing Address  
**1615 NW FEDERAL HWY  
STUART, FL 34994 US**

**DO NOT WRITE IN THIS SPACE**



04102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**65-1140493**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WALKER, ANDREW T  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(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, ANDREW S  
1615 NW FEDERAL HWY  
STUART, FL 34994**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
ZAYAS, HENRY R  
1615 NW FEDERAL HWY  
STUART, FL 34994**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
WALKER, ANDREW T  
1615 NW FEDERAL HWY  
STUART, FL 34994**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000718428  
05/01/07-80020-017 50.00

**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 #

772  
4/16/07 878-5858