

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000015142

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1615 NW FEDERAL HWY  
STUART, FL 34994 US

**New Principal Place of Business:**

**Current Mailing Address:**

1615 NW FEDERAL HWY  
STUART, FL 34994 US

**New Mailing Address:**

**FEI Number:** 65-1140493

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALKER, ANDREW T  
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, ANDREW S  
**Address:** 1615 NW FEDERAL HWY  
**City-St-Zip:** STUART, FL 34994 US

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

**Title:** MGRM  
**Name:** WALKER, ANDREW T  
**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

02/17/2010

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