

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015210

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** BEACHES OPEN MRI OF BOYNTON BEACH HOLDING COMPANY, 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: 65-1140498

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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GALLANT, ANDREW S MD  
Address: 1615 NW FEDERAL HWY.  
City-St-Zip: STUART, FL 34994 US

Title: MGRM ( ) Delete  
Name: ZAYAS, HENRY R MD  
Address: 1615 NW FEDERAL HWY.  
City-St-Zip: STUART, FL 34994 US

Title: MGRM ( ) Delete  
Name: WALKER, ANDREW T MD  
Address: 1615 NW FEDERAL HWY.  
City-St-Zip: STUART, FL 34994 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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, M.D.

MGRM

04/29/2005

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