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**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000015213 1. Entity Name BEACHES OPEN MRI OF THE TREASURE COAST HOLDING COMPANY, LLC	
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Principal Place of Business 1615 NW FEDERAL HWY STUART, FL 34994 US	Mailing Address 1615 NW FEDERAL HWY STUART, FL 34994 US
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DO NOT WRITE IN THIS SPACE



02172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1140495	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

6. 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, 2006**

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	
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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

Henry R. Zayas, MD 2/17/06 772-878-5858