

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # L01000015213**

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



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

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



04102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1140495</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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	MGRM
NAME	GALLANT, ANDREW S
STREET ADDRESS	1615 NW FEDERAL HWY
CITY-ST-ZIP	STUART, FL 34994

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

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

TITLE	
NAME	
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CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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04/29/07-80002-025 50.00

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

4/16/07

Date

772  
878-5858

Daytime Phone #