

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000015213</b>	
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



01222008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1140495	Applied For 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	<b>DO NOT WRITE IN THIS SPACE</b>
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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 registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLANT, ANDREWS 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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UN00000830412  
02/26/08-80080-023 138.75

**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: Andrew S. Gallant 2/14/08 772-878-5858  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Andrew S. Gallant