

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 15, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90123 017 \*\*\*\*50.00

**DOCUMENT # L04000000870**

1. Entity Name  
**BEACHES OPEN MRI OF TAMARAC, LLC**



Principal Place of Business  
**7186 NORTH UNIVERSITY DRIVE  
UNIT #1  
TAMARAC, FL 33321**

Mailing Address  
**19549 ESTUARY DRIVE  
BOCA RATON, FL 33498**

**30009462**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05262005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**20-0545766**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLAYMAN, DAVID A  
7186 N. UNIVERSITY DR.  
TAMARAC, FL 33321**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Managing Member  
David A. Clayman, MD  
19549 Estuary Drive  
Boca Raton, Florida 33498** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:**

*David A. Clayman, MD*

**David A. Clayman, MD**

**April 29, 2005**

**954 722-4500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #