

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000870

FILED
Apr 02, 2007
Secretary of State

Entity Name: BEACHES OPEN MRI OF TAMARAC, LLC

Current Principal Place of Business:

7186 NORTH UNIVERSITY DRIVE
UNIT #1
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

7186 N. UNIVERSITY DR.
FORT LAUDERDALE, FL 33321

New Mailing Address:

FEI Number: 20-0545766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAYMAN, DAVID A
7186 N. UNIVERSITY DR.
TAMARAC, FL 33321 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/MANAGERS:

Title: MGRM () Delete
Name: CLAYMAN, DAVID A MD
Address: 19546 ESTUARY DR
City-St-Zip: BOCA RATON, FL 33498

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: TASHJIAN, GEOFFREY MD
Address: 7186 N. UNIVERSITY DRIVE
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SANDRA P. GREENBLATT, ESQ.

REP

04/02/2007

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