2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# L04000000870

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: MGR ( ) Delete
Name: TASHJIAN, GEOFFREY MD
Address: 7186 N. UNIVERSITY DRIVE
City-St-Zip: TAMARAC, FL 33321

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

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: CLAYMAN, DAVID A 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 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: DAVID A. CLAYMAN, M.D. MGRM 04/24/2008

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