

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000870

FILED  
Jan 23, 2009  
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:

7186 NORTH UNIVERSITY DRIVE  
UNIT #1  
TAMARAC, FL 33321

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: TASHJIAN, GEOFFREY MD  
Address: 7186 N. UNIVERSITY DRIVE  
City-St-Zip: TAMARAC, FL 33321

Title: MGRM ( ) Delete  
Name: CLAYMAN, DAVID A MD  
Address: 7186 N., UNIVERSITY DRIVE  
City-St-Zip: TAMARAC, FL 33321

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

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

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

## ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition  
Name: WALKER, ANDREW MD  
Address: 7186 N. UNIVERSITY DRIVE  
City-St-Zip: TAMARAC, FL 33321

Title: MGR ( ) Change (X) Addition  
Name: GALLANT, ANDREW MD  
Address: 7186 N. UNIVERSITY DRIVE  
City-St-Zip: TAMARAC, FL 33321

Title: MEMB ( ) Change (X) Addition  
Name: ZAYAS, HENRY MD  
Address: 7186 N. UNIVERSITY DRIVE  
City-St-Zip: TAMARAC, FL 33312

Title: MEMB ( ) Change (X) Addition  
Name: CLAYMAN, DAVID A MD  
Address: 7186 N. UNIVERSITY DRIVE  
City-St-Zip: TAMARAC, FL 33312

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: SANDRA P. GREENBLATT, ESQ.

REP

01/23/2009

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