

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000000870

**FILED**  
**Mar 29, 2010**  
**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 NORTH UNIVERSITY DRIVE  
UNIT #1  
TAMARAC, 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:**

TASHJIAN, GEOFFREY S MGR  
7186 N. UNIVERSITY DR.  
TAMARAC, FL 33321 US

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: GEOFFREY TASHJIAN

03/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: MGR  
Name: CLAYMAN, DAVID MD  
Address: 7186 N. UNIVERSITY DRIVE  
City-St-Zip: TAMARAC, FL 33321

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

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

Title: MEMB  
Name: WALKER, ANDREW MD  
Address: 7186 N. UNIVERSITY DRIVE  
City-St-Zip: TAMARAC, FL 33312

I hereby 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: GEOFFREY TASHJIAN

MGR

03/29/2010

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