

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000003501

1. Entity Name
BEACHES OPEN MRI, L.L.C.



Principal Place of Business
350 10TH AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250 US

Mailing Address
1615 NW FEDERAL HWY
STUART, FL 34994 US



01222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0939085

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, ANDREW T M.D.
1615 NW FEDERAL HWY.
STUART, FL 34994

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
GALLANT, DREW M.D.
1615 NW FEDERAL HWY
STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
ZAYAS, HENRY M.D.
1615 NW FEDERAL HWY
STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
WALKER, ANDREW M.D.
1615 NW FEDERAL HWY
STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

U000000915451
02/14/08-80009-023 138.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

Date

Daytime Phone #