

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003502

FILED  
Apr 29, 2004  
Secretary of State

**Entity Name:** OPEN MRI OF THE BEACHES, L.L.C.

**Current Principal Place of Business:**

901 MARTIN DOWNS BLVD., SUITE 314  
PALM CITY, FL 34990

**New Principal Place of Business:**

1615 NW FEDERAL HWY  
STUART, FL 34994

**Current Mailing Address:**

901 MARTIN DOWNS BLVD., SUITE 314  
PALM CITY, FL 34990

**New Mailing Address:**

1615 NW FEDERAL HWY  
STUART, FL 34994

**FEI Number:** 65-0937461

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COHEN, JEFFREY L ESQ.  
54 N.E. FOURTH AVENUE  
DELRAY BEACH, FL 33483 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GALLANT, DREW M.D.  
Address: 5146 S.W. SPRING ASTER COURT  
City-St-Zip: PALM CITY, FL 34990

Title: MGRM ( ) Delete  
Name: ZAYAS, HENRY M.D.  
Address: 1590 CYPRESS GLENN WAY  
City-St-Zip: STUART, FL 34997

Title: MGRM ( ) Delete  
Name: WALKER, ANDREW M.D.  
Address: 6 CRANES NEST  
City-St-Zip: STUART, FL

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANDREW T. WALKER, M.D.

MGRM

04/29/2004

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