

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003502

FILED
Apr 21, 2005
Secretary of State

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

Current Principal Place of Business:

1615 NW FEDERAL HWY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

1615 NW FEDERAL HWY
STUART, FL 34994

New Mailing Address:

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:

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

04/21/2005

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

04/21/2005

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