


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90221 024 \*\*\*\*50.00

<b>DOCUMENT # L99000003502</b> 1. Entity Name <b>OPEN MRI OF THE BEACHES, L.L.C.</b>					
Principal Place of Business <b>1615 NW FEDERAL HWY STUART, FL 34994</b>			Mailing Address <b>1615 NW FEDERAL HWY STUART, FL 34994</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02172006    Chg-LLC    CR2E083 (11/05)	
4. FEI Number <b>65-0937461</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WALKER, ANDREW T M.D. 1615 NW FEDERAL HWY. STUART, FL 34994</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<div style="text-align: right;"><b>FL</b></div> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GALLANT, DREW M.D. 5146 S.W. SPRING ASTER COURT PALM CITY, FL 34990</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Gallant, Drew M.D. 94 Palm Cove Dr. Palm City, FL 34990</b>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ZAYAS, HENRY M.D. 1590 CYPRESS GLENN WAY STUART, FL 34997</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WALKER, ANDREW M.D. 6 CRANES NEST STUART, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUT					
Henry R. Zayas, MD 2/17/06 772-878-5858					