

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003502

FILED
Feb 18, 2009
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:

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

Title: MGRM () Delete
Name: GALLANT, DREW MD
Address: 1615 NW FEDERAL HWY
City-St-Zip: STUART, FL 34994

Title: MGRM () Delete
Name: ZAYAS, HENRY MD
Address: 1615 NW FEDERAL HWY
City-St-Zip: STUART, FL 34994

Title: MGRM () Delete
Name: WALKER, ANDREW MD
Address: 1615 NW FEDERAL HWY
City-St-Zip: STUART, FL 34994

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 exemption stated in Chapter 119, 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

MGRM

02/18/2009

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