

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000003502

**FILED**  
**Feb 16, 2012**  
**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  
**Name:** GALLANT, DREW MD  
**Address:** 1615 NW FEDERAL HWY  
**City-St-Zip:** STUART, FL 34994

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

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

I hereby 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

02/16/2012

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