

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000870

Entity Name: BEACHES OPEN MRI OF TAMARAC, LLC

Current Principal Place of Business:

7186 NORTH UNIVERSITY DRIVE
UNIT #1
TAMARAC, FL 33321

Current Mailing Address:

7186 NORTH UNIVERSITY DRIVE
UNIT #1
TAMARAC, FL 33321

FEI Number: 20-0545766

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TASHJIAN, GEOFFREY SMGR
7186 N. UNIVERSITY DR.
TAMARAC, FL 33321 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name TASHJIAN, GEOFFREY MD
Address 7186 N. UNIVERSITY DRIVE
City-State-Zip: TAMARAC FL 33321

Title MGR
Name CLAYMAN, DAVID MD
Address 7186 N. UNIVERSITY DRIVE
City-State-Zip: TAMARAC FL 33321

Title MGR
Name GALLANT, ANDREW MD
Address 7186 N. UNIVERSITY DRIVE
City-State-Zip: TAMARAC FL 33321

Title MGR
Name ROSCHMAN, JEFFREY
Address 7186 NORTH UNIVERSITY DRIVE
City-State-Zip: TAMARAC FL 33321

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GEOFFREY TASHJIAN

MGR

01/15/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date