

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000003501

**Entity Name:** BEACHES OPEN MRI, L.L.C.

**Current Principal Place of Business:**

8300 W. SUNRISE BLVD  
PLANTATION, FL 33322

**Current Mailing Address:**

8300 W. SUNRISE BLVD  
PLANTATION, FL 33322 US

**FEI Number:** 65-0939085

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEGALINC CORPORATE SERVICES INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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:** ERIK TREUTLEIN

04/23/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER, MANAGER

Name FIX, THOMAS

Address 8300 WEST SUNRISE BOULEVARD

City-State-Zip: PLANTATION FL 33322

*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:** THOMAS FIX

MANAGER

04/23/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date