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## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## 06 JAN 06 AM 11: 22 DOCUMENT #L03000031623 SECRETARY OF STATE TALLAHASSEE FLORIDA SOUTHERN CARDIAC ECHO IMAGING LLC Principal Place of Business Mailing Address 150 NW 75TH DR STE A 150 NW 75TH DR STE A GAINESVILLE, FL 32607 GAINESVILLE, FL 32607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For City & State City & State 04-3775954 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name SMITH HULSEY & BUSEY Street Address (P.O. Box Number is Not Acceptable) 226 WATER ST, STE 1800 JACKSONVILLE, FL 32202 City 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 Signature, typed or printed name of registered agent and title if explacable. (NOTE: Registered Agent signature required when rematating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE **MGRM** ☐ Delete MLE ☐ Change SOUTHERN CARDIAC IMAGING, INC. NAME NAME STREET ADDRESS 150 NW 75TH DR STE A STREET ADDRESS 06/06-90001-020-\$45000 CITY-ST-ZIP GAINESVILLE, FL 32607 CITY-ST-ZIP TATE F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIN F Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITS F ☐ Change ☐ Addition TITLE NAME STREET ADORESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Deteta 7131 F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Deteta TITLE HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. BURKE MY 1.4.2006 SIGNATURE:

NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE