

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000012537

Entity Name: EMERALD COAST ULTRASOUND SERVICES, LLC**Current Principal Place of Business:**1851 N 9TH AVE STE B
PENSACOLA, FL 32503**Current Mailing Address:**1851 N 9TH AVE STE B
PENSACOLA, FL 32503 US**FEI Number:** 27-4703732**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TUCKER, JOHN A MD
1851 N 9TH AVE STE B
PENSACOLA, FL 32503 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:** JOHN A TUCKER, MD

01/18/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name BOSARGE, CHRISTOPHER J MD
Address 613 ARAGON ST
City-State-Zip: PENSACOLA FL 32502

Title MGRM
Name MONTGOMERY, AARON B MD
Address 2966 DUKE DR
City-State-Zip: GULF BREEZE FL 32563

Title MGRM
Name HARLIN, STUART A MD
Address 4561 TERRA SANTA
City-State-Zip: PENSACOLA FL 32504

Title MGRM
Name KAFIE, FERNANDO E MD
Address 4445 DEVEREUX DR
City-State-Zip: PENSACOLA FL 32504

Title MGRM
Name LECROY, CHRISTOPHER J MD
Address 3 BLITHEWOOD DR
City-State-Zip: PENSACOLA FL 32514

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: BOSARGE, CHRISTOPHER

MGRM

01/18/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date