

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000012537

Entity Name: EMERALD COAST ULTRASOUND SERVICES, LLC

FILED
Feb 07, 2017
Secretary of State
CC8138563192

Current Principal Place of Business:

5149 N. 9TH AVE
SUITE 120
PENSACOLA, FL 32504

Current Mailing Address:

5149 N. 9TH AVE
SUITE 120
PENSACOLA, FL 32504 US

FEI Number: 27-4703732

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TUCKER, JOHN A MD
5149 N. 9TH AVE
SUITE 120
PENSACOLA, FL 32504 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

02/07/2017

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 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

Title MGMR
Name TUCKER, JOHN
Address 5149 N. 9TH AVE
SUITE 120
City-State-Zip: PENSACOLA FL 32504

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: CHRISTOPHER LECROY

PRESIDENT

02/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date