

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000012537

Entity Name: EMERALD COAST ULTRASOUND SERVICES, LLC

Current Principal Place of Business:

1851 NORTH 9TH AVENUE, SUITE B
PENSACOLA, FL 32503

Current Mailing Address:

1851 NORTH 9TH AVENUE, SUITE B
PENSACOLA, FL 32503

FEI Number: 27-4703732

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TUCKER, JOHN AM.D.
1851 NORTH 9TH AVENUE, SUITE 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name BOSARGE, CHRISTOPHER JM.D.
Address 613 ARAGON STREET
City-State-Zip: PENSACOLA FL 32502

Title MGRM
Name CRAMER, HARRY DM.D.
Address 3155 HYDE PARK PLACE
City-State-Zip: PENSACOLA FL 32503

Title MGRM
Name MONTGOMERY, AARON BM.D.
Address 2966 DUKE DRIVE
City-State-Zip: GULF BREEZE FL 32563

Title MGRM
Name HARLIN, STUART AM.D.
Address 4561 TERRA SANTA
City-State-Zip: PENSACOLA FL 32504

Title MGRM
Name KAFIE, FERNANDO EM.D.
Address 4445 DEVEREUX DRIVE
City-State-Zip: PENSACOLA FL 32504

Title MGRM
Name LECROY, CHRISTOPHER JM.D.
Address 3 BLITHEWOOD DRIVE
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER J. BOSARGE, MD

MGR

01/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date