

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000012537

Entity Name: EMERALD COAST ULTRASOUND SERVICES, LLC**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

02/09/2016

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 32502Title MGRM
Name MONTGOMERY, AARON B MD
Address 2966 DUKE DR
City-State-Zip: GULF BREEZE FL 32563Title MGRM
Name KAFIE, FERNANDO E MD
Address 4445 DEVEREUX DR
City-State-Zip: PENSACOLA FL 32504Title MGRM
Name LECROY, CHRISTOPHER J MD
Address 3 BLITHEWOOD DR
City-State-Zip: PENSACOLA FL 32514Title 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: JOHN TUCKER

MGMR

02/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date