

**2013 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

01/10/2013

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 CRAMER, HARRY D MD  
Address 3155 HYDE PARK PL  
City-State-Zip: PENSACOLA FL 32503

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER J BOSARGE, MD

MGRM

01/10/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date