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.

PRESIDENT

SIGNATURE: CHRISTOPHER LECROY

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

Name and Address of Current Registered Agent:

LECROY, CHRISTOPHER 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	CHRISTOPHER LECROY			01/15/2018
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	BOSARGE, CHRISTOPHER J MD	Name	MONTGOMERY, AARON B MD	
Address	613 ARAGON ST	Address	4075 WEST MADURA RD	
City-State-Zip:	PENSACOLA FL 32502	City-State-Zip:	GULF BREEZE FL 32563	
Title	MGRM	Title	MGRM	
Name	KAFIE, FERNANDO E MD	Name	LECROY, CHRISTOPHER J ME)
Address	4445 DEVEREUX DR	Address	1818 E GADSDEN	
City-State-Zip:	PENSACOLA FL 32504	City-State-Zip:	PENSACOLA FL 32501	

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 15, 2018 Secretary of State CC9153208718

Certificate of Status Desired: No

01/15/2018 Date