

**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