# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L03000021987**

1. Entity Name
**ULTRASOUND SERVICES, LLC**

| Principal Place of Business | Mailing Address |
|---|---|
| 2824 RUSTIC OAK DR<br>PALM HARBOR, FL 34684 | 2824 RUSTIC OAK DR<br>PALM HARBOR, FL 34684 |

2. Principal Place of Business
*236 KENTUCKY AVE*
Suite, Apt. #, etc.

3. Mailing Address
*P.O. BOX 848*
Suite, Apt. #, etc.

City & State *CRYSTAL BEACH FL*
Zip *34681* Country

City & State *CRYSTAL BEACH FL*
Zip *34681-0848* Country

07252006    Chg-LLC    CR2E083 (11/05)

4. FEI Number
20-0108354

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐    **$5.00** Additional Fee Required

### 6. Name and Address of Current Registered Agent

HERSEM, THOMAS G
1421 COURT STREET, SUITE B
CLEARWATER, FL 33756

### 7. Name and Address of New Registered Agent

Name *SUSAN SCHANK*

Street Address (P.O. Box Number is Not Acceptable)
*236 436 KENTUCKY AVE*

City *CRYSTAL BEACH*    FL    Zip Code *34681*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Susan Schank    SUSAN P. SCHANK*    *7-30-06*
Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE

**Filing Fee is $50.00**
**Due by September 6, 2006**

**Make check payable to**
**Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE | MGR | ☐ Delete | TITLE | ☒ Change  ☐ Addition |
| NAME | SCHANK, SUSAN | | NAME | |
| STREET ADDRESS | 2824 RUSTIC OAK DR | | STREET ADDRESS | *436 KENTUCKY AVE* |
| CITY-ST-ZIP | PALM HARBOR, FL 34684 | | CITY-ST-ZIP | *CRYSTAL BEACH FL 34681* |
| TITLE | | ☐ Delete | TITLE | ☐ Change  ☐ Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change  ☐ Addition |
| NAME | | | NAME | |
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| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE *Susan Schank    SUSAN SCHANK*    *7-20-06*    *727-657-1335*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #