


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L03000031623 1. Entity Name SOUTHERN CARDIAC ECHO IMAGING LLC |  |
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|---|---|
| Principal Place of Business 150 NW 75TH DR STE A GAINESVILLE, FL 32607 | Mailing Address 150 NW 75TH DR STE A GAINESVILLE, FL 32607 |
|---|---|



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04212005No Chg-LLC

CR2E083 (10/03)

| | |
|------------------------------------|--------------------------------------|
| 4. FEI Number 04-3775954 | Applied For Not Applicable |
|------------------------------------|--------------------------------------|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|--|---------------------------------------|

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
226 WATER ST, STE 1800
JACKSONVILLE, FL 32202

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IN THIS SPACE**

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 _____ 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 May 1, 2005**

U000000343919
04/29/05-80112-024 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|------------------------|--------------------------------|
| TITLE | MGRM |
| NAME | SOUTHERN CARDIAC IMAGING, INC. |
| STREET ADDRESS | 150 NW 75TH DR STE A |
| CITY - ST - ZIP | GAINESVILLE, FL 32607 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: FLOYD W. BURKE JR FLOYD BURKE 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE PRESIDENT Date 4/27/05 Daytime Phone #