

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 JAN 06 AM 11:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000031623					
1. Entity Name SOUTHERN CARDIAC ECHO IMAGING LLC					
Principal Place of Business 150 NW 75TH DR STE A GAINESVILLE, FL 32607			Mailing Address 150 NW 75TH DR STE A GAINESVILLE, FL 32607		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3775954	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY 226 WATER ST, STE 1800 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOUTHERN CARDIAC IMAGING, INC. 150 NW 75TH DR STE A GAINESVILLE, FL 32607		TITLE NAME STREET ADDRESS CITY - ST - ZIP	01/06/06-90001-020- \$450.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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 606, Florida Statutes.					
SIGNATURE: <u>FLOYD W. BURKE MD</u>			1.4.2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		