2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

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Entity Name: EMERALD COAST IMAGING, L.L.C.

Current Principal Place of Business:

527 N PALO ALTO AVENUE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

527 N PALO ALTO AVENUE
PANAMA CITY, FL 32401

New Mailing Address:

P.O. BOX 1770
PANAMA CITY, FL 32402

FEI Number: 83-0381921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STROHMENGER, JAMES M MD
527 N PALO ALTO AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

LOGUE, LLOYD G MD
527 N PALO ALTO AVENUE
PANAMA CITY, FL 32401 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: LLOYD G. LOGUE, MD 03/10/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM ( ) Delete
Name:	STROHMENDER, JAMES M MD
Address:	527 N PALO ALTO AVENUE
City-St-Zip:	PANAMA CITY, FL 32401
Title:	MGRM ( ) Delete
Name:	PRESSER, GREGORY A MD
Address:	527 N PALO ALTO AVENUE
City-St-Zip:	PANAMA CITY, FL 32401
Title:	MGRM ( ) Delete
Name:	RAMEY, SCOTT L MD
Address:	527 N PALO ALTO AVENUE
City-St-Zip:	PANAMA CITY, FL 32401
Title:	MGRM ( ) Delete
Name:	LOGUE, LLOYD G MD
Address:	527 NORTH PALO ALBO AVE
City-St-Zip:	PANAMA CITY, FL 32401
Title:	MGRM ( ) Delete
Name:	BAILEY, C. GLEN JR., MD
Address:	527 N PALO ALTO AVENUE
City-St-Zip:	PANAMA CITY, FL 32401
Title:	( ) Delete
Name:	
Address:	
City-St-Zip:	

ADDITIONS/CHANGES:

Title:	MGRM (X) Change ( ) Addition
Name:	LOGUE, LLOYD G MD
Address:	527 N PALO ALTO AVENUE
City-St-Zip:	PANAMA CITY, FL 32401
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	MGRM (X) Change ( ) Addition
Name:	BAILEY, CARL G MD
Address:	527 NORTH PALO ALTO AVE
City-St-Zip:	PANAMA CITY, FL 32401
Title:	MGRM (X) Change ( ) Addition
Name:	CAMPBELL, WILLIAM S MD
Address:	527 N. PALO ALTO AVE
City-St-Zip:	PANAMA CITY, FL 32401
Title:	MGRM ( ) Change (X) Addition
Name:	KRIEGEL, WENDY W MD
Address:	527 N. PALO ALTO AVE
City-St-Zip:	PANAMA CITY, FL 32401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: LLOYD G. LOGUE MGRM 03/10/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date