

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045879

FILED  
Jan 14, 2010  
Secretary of State

**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:**

P.O. BOX 1770  
PANAMA CITY, FL 32402

**New Mailing Address:**

**FEI Number:** 83-0381921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOGUE, LLOYD G MD  
527 N PALO ALTO AVENUE  
PANAMA CITY, FL 32401 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LOGUE, LLOYD G MD  
Address: 527 N PALO ALTO AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM  
Name: PRESSER, GREGORY A MD  
Address: 527 N PALO ALTO AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM  
Name: RAMEY, SCOTT L MD  
Address: 527 N PALO ALTO AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM  
Name: BAILEY, CARL G MD  
Address: 527 NORTH PALO ALTO AVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM  
Name: CAMPBELL, WILLIAM S MD  
Address: 527 N. PALO ALTO AVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM  
Name: KRIEGEL, WENDY W MD  
Address: 527 N. PALO ALTO AVE  
City-St-Zip: PANAMA CITY, FL 32401

I hereby 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

01/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date