

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045879

FILED
Mar 13, 2012
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:

LOGUE, LLOYD G DO
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, DO

03/13/2012

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

03/13/2012

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