

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000033928

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED SONOGRAPHIC IMAGING, LLC

**Current Principal Place of Business:**

8270 COLLEGE PARKWAY  
SUITE # 205  
FT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

8270 COLLEGE PARKWAY  
SUITE # 205  
FT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 86-1163748

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCURDY, CHARLES M M.D.  
8270 COLLEGE PARKWAY  
SUITE # 205  
FT MYERS, FL 33919 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:** MGR  
**Name:** MCCURDY, CHARLES M MD  
**Address:** 8270 COLLEGE PARKWAY, UNIT 205  
**City-St-Zip:** FT MYERS, FL 33919

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: CHARLES M. MCCURDY, M.D.

MGR

03/29/2012

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