

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000112124

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** MOBILE ULTRASOUND IMAGING, LLC

**Current Principal Place of Business:**

540 MONTREAL AVE  
MELBOURNE, FL 32935

**New Principal Place of Business:**

601 E STRAWBRIDGE AVE  
MELBOURNE, FL 32901

**Current Mailing Address:**

P.O BOX 361524  
MELBOURNE, FL 32936

**New Mailing Address:**

**FEI Number:** 61-1544165

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TYLER, LYND SAY  
540 MONTREAL AVE  
MELBOURNE, FL 32935 US

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

TYLER, LYND SAY  
601 E STRAWBRIDGE AVE  
MELBOURNE, FL 32901 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: LYND SAY E TYLER

04/14/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TYLER, LYND SAY  
Address: 601 E STRAWBRIDGE AVE  
City-St-Zip: MELBOURNE, FL 32901

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: LYND SAY TYLER

MGRM

04/14/2011

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