

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000071711

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA DIAGNOSTIC ULTRASOUND, LLC.

**Current Principal Place of Business:**

4869 PALM COAST PARKWAY  
STE 2  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

4869 PALM COAST PARKWAY  
STE 2  
PALM COAST, FL 32137

**New Mailing Address:**

PO BOX 351639  
PALM COAST, FL 32135

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCARTER, BRANDON J SR  
9 CUTE COURT  
PALM COAST, FL 32137 US

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

HICKEY, JAMIE L  
31 FLANDERS LANE  
PALM COAST, FL 32137 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: JAMIE L HICKEY

02/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HICKEY, JAMIE L  
Address: 31 FLANDERS LANE  
City-St-Zip: PALM COAST, FL 32137

Title: MGR  
Name: JONES, BILLIE D  
Address: 9 CUTE COURT  
City-St-Zip: PALM COAST, FL 32137

Title: MGR  
Name: KOCER, KRISTI L  
Address: 3855 CR 304  
City-St-Zip: BUNNELL, FL 32110

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: JAMIE L HICKEY

MGR

02/07/2012

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