

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010907

Entity Name: COASTAL ONCOLOGY, PL

FILED
Feb 03, 2005
Secretary of State

Current Principal Place of Business:

325 CLYDE MORRIS BLVD
450
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

325 CLYDE MORRIS BLVD
450
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 56-2347830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODD, PAUL M III
325 CLYDE MORRIS BLVD
450
ORMOND BEACH, FL 32174 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/MEMBERS:

Title: MGR () Delete
Name: DODD, III, PAUL M
Address: 325 CLYDE MORRIS BLVD, SUITE 450
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR () Delete
Name: DOUGHNEY, KATHLEEN M.D.
Address: 325 CLYDE MORRIS BLVD, SUITE 450
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR () Delete
Name: ALEXANDER, CHRISTOPHER L D.O.
Address: 325 CLYDE MORRIS BLVD, SUITE 450
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: PAUL M DODD, III, MD

MGR

02/03/2005

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