# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 02, 2012**
**Secretary of State**

DOCUMENT# L03000010907

**Entity Name:** COASTAL ONCOLOGY, PL

**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/MANAGERS:**

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

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

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

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 Statues.

SIGNATURE: PAUL M DODD, III MGR 04/02/2012

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