

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000016226

**Entity Name:** COASTAL RADIATION MEDICINE, LLC

**Current Principal Place of Business:**

C/O WALSH BANKS LAW  
105 E ROBINSON STREET SUITE 303  
ORLANDO, FL 32801

**Current Mailing Address:**

112 FOX FIRE COURT  
DUBLIN, GA 31021 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

WALSH BANKS LAW  
105 E ROBINSON STREET  
SUITE 303  
ORLANDO, FL 32801 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:** BRIAN M. WALSH

04/05/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HOLZMAN, MARTIN I M.D.  
Address 250 PALM COAST PKWY NE  
SUITE 670 #378  
City-State-Zip: PALM COAST FL 32137

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARTIN HOLZMAN

MGR

04/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date