

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000011618

1. Entity Name
**EMERALD COAST RADIATION ONCOLOGY CENTER,
L.L.C.**



Principal Place of Business
**5151 NORTH NINTH AVE.
PENSACOLA, FL 32504**

Mailing Address
**5151 NORTH NINTH AVE.
PENSACOLA, FL 32504**

DO NOT WRITE IN THIS SPACE



02232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
68-0507481

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUJNOSKI, JOANNE L
5151 NORTH NINTH AVE.
PENSACOLA, FL 32504**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000085523
03/11/04-80050-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BUJNOSKI, JOANNE L DO 5151 N NINTH AVE PENSACOLA, FL 32504
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

Joanne Bujnoski DO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/4/04

Date

850-416-6700

Daytime Phone #