

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90064 029 ***143.75

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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 5147 NORTH 9TH AVE SUITE G101 PENSACOLA, FL 32504		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01282008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 68-0507481				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BUJNOSKI, JOANNE L 5151 NORTH NINTH AVE. PENSACOLA, FL 32504			7. Name and Address of New Registered Agent Name Karen O. Emmanuel Street Address (P.O. Box Number is Not Acceptable) Sacred Heart Health System, Inc. 5151 North Ninth Avenue City Pensacola FL Zip Code 32504		
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		Karen O. Emmanuel		Jan 31, 2008 <small>DATE</small>	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BUJNOSKI, JOANNE L DO 5151 N NINTH AVE PENSACOLA, FL 32504		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Buddy Elmore 5151 North Ninth Avenue Pensacola, FL 32504	
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Sidney Scarborough 5151 North Ninth Avenue Pensacola, FL 32504	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Terri Smith 5151 North Ninth Avenue Pensacola, FL 32504	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.					
SIGNATURE:			2/4/2008 (850) 416-6500		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		