2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# L02000011618

Entity Name: EMERALD COAST RADIATION ONCOLOGY CENTER, L.L.C.

Current Principal Place of Business:

5151 NORTH NINTH AVE.
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5147 NORTH 9TH AVE
SUITE G101
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 68-0507481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EMMANUEL, KAREN O
SACRED HEART HEALTH SYSTEM, INC.
5151 NORTH NINTH AVE
PENSACOLA, FL 32504 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	( ) Delete
Name:	ELMORE, BUDDY	
Address:	5151 NORTH NINTH AVE	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	MGR	( ) Delete
Name:	SCARBOROUGH, SIDNEY	
Address:	5151 NORTH NINTH AVE	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	MGR	( ) Delete
Name:	SMITH, TERRI	
Address:	5151 NORTH NINTH AVE	
City-St-Zip:	PENSACOLA, FL 32504	

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 exemption stated in Chapter 119, 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: BUDDY ELMORE MGR 01/21/2009

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