

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010907

FILED
Feb 01, 2004
Secretary of State

Entity Name: COASTAL ONCOLOGY, PL

Current Principal Place of Business:

41 SHADOW CREEK WAY
ORMOND BEACH, FL 32174

New Principal Place of Business:

325 CLYDE MORRIS BLVD
450
ORMOND BEACH, FL 32174

Current Mailing Address:

41 SHADOW CREEK WAY
ORMOND BEACH, FL 32174

New Mailing Address:

325 CLYDE MORRIS BLVD
450
ORMOND BEACH, FL 32174

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
41 SHADOW CREEK WAY
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

DODD, PAUL M III
325 CLYDE MORRIS BLVD
450
ORMOND BEACH, FL 32174 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: PAUL M DODD III, MD

02/01/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
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 supplied with this filing does not qualify for the 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 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: PAUL M DODD III, M.D.

MGR

02/01/2004

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