

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90035 021 \*\*\*\*50.00

DOCUMENT # L03000010907

1. Entity Name  
COASTAL ONCOLOGY, PL



Principal Place of Business  
325 CLYDE MORRIS BLVD  
450  
ORMOND BEACH, FL 32174

Mailing Address  
325 CLYDE MORRIS BLVD  
450  
ORMOND BEACH, FL 32174

**20043530**



04272006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2347830

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME DODD, III, PAUL M  
STREET ADDRESS 325 CLYDE MORRIS BLVD, SUITE 450  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE MGR  
NAME DOUGHNEY, KATHLEEN M.D.  
STREET ADDRESS 325 CLYDE MORRIS BLVD, SUITE 450  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE MGR  
NAME ALEXANDER, CHRISTOPHER L D.O.  
STREET ADDRESS 325 CLYDE MORRIS BLVD, SUITE 450  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #

4/29/06

386 6732442