


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

05-03-2006 90035 022 \*\*\*\*50.00

<b>DOCUMENT # L03000017143</b> 1. Entity Name COASTAL ONCOLOGY BUILDING, LLC	
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Principal Place of Business 325 CLYDE MORRIS BLVD 450 ORMOND BEACH, FL 32174	Mailing Address 325 CLYDE MORRIS BLVD 450 ORMOND BEACH, FL 32174
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**DO NOT WRITE IN THIS SPACE**



04272006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0117751	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  DODD, PAUL M III 325 CLYDE MORRIS BLVD 450 ORMOND BEACH, FL 32174
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**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 NAME STREET ADDRESS CITY-ST-ZIP	MGR DODD, III, PAUL M M.D. 325 CLYDE MORRIS BLVD, SUITE 450 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALEXANDER, CHRISTOPHER L D.O. 325 CLYDE MORRIS BLVD, SUITE 450 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOUGHNEY, KATHLEEN M.D. 325 CLYDE MORRIS BLVD, SUITE 450 ORMOND BEACH, FL 32174
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Paul Dodd III **4/29/06** **386 6732442**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #