

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000047459

1. Entity Name
GULF COAST RADIATION ONCOLOGY ASSOCIATES,
P.L.



Principal Place of Business

401 MANATEE AVENUE-EAST
BRADENTON, FL 34208

Mailing Address

401 MANATEE AVENUE EAST
BRADENTON, FL 34208



01052007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1289338

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANAN, BENJAMIN R
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RAY, PRANAB M.D.
401 MANATEE AVENUE EAST
BRADENTON, FL 34208

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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01/23/07-80024-024 50.00

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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:

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

Date

Daytime Phone #

1-8-07 9417484324