

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057658

FILED
Aug 25, 2006
Secretary of State

Entity Name: GULFCOAST CANCER INSTITUTE, LLC

Current Principal Place of Business:

C/O ST. ANTHONY'S HOSPITAL
1200 SEVENTH AVENUE NORTH
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

C/O ST. ANTHONY'S HOSPITAL
1200 SEVENTH AVENUE NORTH
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 06-1761933 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KENNEDY, JAMES J III, ESQ
C/O BUCHANAN INGERSOLL PC
401 EAST JACKSON STREET, SUITE 2500
TAMPA, FL 33602 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: TREMONTI, CARL A
Address: 1200 SEVENTH AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: DR () Change (X) Addition
Name: PAONESSA, JEFFERY
Address: 1201 FIFTH AVE NORTH SUITE 505
City-St-Zip: ST. PETERSBURG, FL 33705

I hereby certify that the information supplied with this filing does not qualify for the 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: CARL TREMONTI

CFO

08/25/2006

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