

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057658

FILED
Apr 13, 2007
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

MR

04/13/2007

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