03/03/2008 14:55 ST.ANTHONYS CANCER CARE CENTER →

FILED
Mar 18, 2008 8:00 am
Secretary of State
03-18-2008 90174 005 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000057658

1. Entity Name
GULFCOAST CANCER INSTITUTE, LLC

60015631

Principal Place of Business	Mailing Address
C/O ST. ANTHONY'S HOSPITAL 1200 SEVENTH AVENUE NORTH ST. PETERSBURG, FL 33705	C/O ST. ANTHONY'S HOSPITAL 1200 SEVENTH AVENUE NORTH ST. PETERSBURG, FL 33705
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02252008 Chg-LLC CR2E083 (12/06)

4. FEI Number 06-1761933 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. 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	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MR TREMONTI, CARL A 1200 SEVENTH AVE NORTH ST. PETERSBURG, FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MR. McMAHON, TIMOTHY K. 1201 FIFTH AVE NORTH SUITE 130 ST. PETERSBURG, FL 33705	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR PAONESSA, JEFFERY 1201 FIFTH AVE NORTH SUITE 505 ST. PETERSBURG, FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Carl Tremonti 2/28/08 7278251649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #