

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M05000003900

1. Entity Name

SOUTHEAST CANCER CARE NETWORK, LLC



Principal Place of Business

1108 ROSS CLARK CIRCLE  
DOTHAN, AL 36301

Mailing Address

1108 ROSS CLARK CIRCLE  
DOTHAN, AL 36301



01082006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

36-4576561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STOKES, STEVEN H M.D.  
4230 HOSPITAL DRIVE, SUITE 110  
MARIANNA, FL 32446

**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)

10000004 P5531

**Filing Fee is \$50.00  
Due by May 1, 2006**

02/11/06-80007-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STOKES, STEVEN H M.D.
STREET ADDRESS	33 HAMPTON WAY
CITY-ST-ZIP	DOTHAN, AL 36305
TITLE	MGR
NAME	OWEN, RONALD S
STREET ADDRESS	1108 ROSS CLARK CIRCLE
CITY-ST-ZIP	DOTHAN, AL 36301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:

*Steven H. Stokes*

STEVEN H. STOKES, M.D.

1/16/06

334-793-9030

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

Date

Daytime Phone #