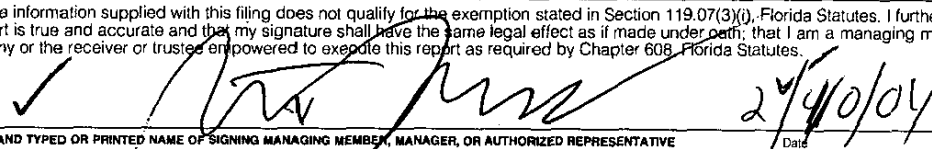


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90344 021 ****50.00

DOCUMENT # L02000030410 1. Entity Name PALM BEACH CANCER INSTITUTE LLC			
Principal Place of Business 2426 EMBASSY DRIVE WEST PALM BEACH, FL 33401		Mailing Address 2426 EMBASSY DRIVE WEST PALM BEACH, FL 33401	
2. Principal Place of Business 1309 N Flagler		3. Mailing Address P.O. Box 14067	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State West Palm Beach FL		City & State North Palm Beach FL	
Zip 33401	Country USA	Zip 33408	Country USA
4. FEI Number 57-1139372		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GREEN, ROBERT J M.D. 2426 EMBASSY DR WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent 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 _____ 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, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWARTZ, AUGUSTIN J MD PA 1309 N FLAGLER DR WEST PALM BEACH, FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM McKeen Elisabeth A MD PA 1309 N Flagler Drive West Palm Beach, FL 33401 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROTHSCHILD, NEAL E MD PA 1309 N FLAGLER DR WEST PALM BEACH, FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Raymond Marilyn M MD PA 1309 N Flagler Drive West Palm Beach, FL 33401 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRIS, JAMES N MD PA 1309 N FLAGLER DR WEST PALM BEACH, FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Spitz Daniel L MD PA 1309 N Flagler Drive West Palm Beach, FL 33401 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBSON, ROBERT J MD PA 1309 N FLAGLER DR WEST PALM BEACH, FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AHR, DAVID J MD PA 1309 N FLAGLER DR WEST PALM BEACH, FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, ROBERT J MD PA 1309 N FLAGLER DR WEST PALM BEACH, FL 33401 ☐ 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 exemption stated in Section 119.07(3)(i), 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:  2/24/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			