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	Mailing Address
2426 EMBASSY DRIVE WEST PALM BEACH, FL 33401	2426 EMBASSY DRIVE WEST PALM BEACH, FL 33401

02062004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1309 N Flagler	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	7. Name and Address of New Registered Agent
GREEN, ROBERT J M.D. 2426 EMBASSY DR WEST PALM BEACH, FL 33401	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: ✓ _____ 2/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #