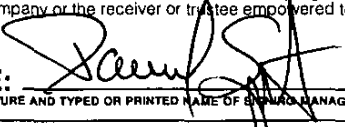


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90019 010 ****50.00

DOCUMENT # L02000030410 1. Entity Name PALM BEACH CANCER INSTITUTE LLC					
Principal Place of Business 1309 N. FLAGLER WEST PALM BEACH, FL 33401			Mailing Address PO BOX 14067 NORTH PALM BEACH, FL 33408		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01132005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 57-1139372	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			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 DR. WEST PALM BEACH, FLA. 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 DR. WEST PALM BEACH, FLA. 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 DR. WEST PALM BEACH, FLA. 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: 			Date: 4/10/05 Daytime Phone #: 561-366-4100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					