

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030410

FILED
Apr 10, 2009
Secretary of State

Entity Name: PALM BEACH CANCER INSTITUTE LLC

Current Principal Place of Business:

1309 N. FLAGLER
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

PO BOX 14067
NORTH PALM BEACH, FL 33408

New Mailing Address:

P.O. BOX 15978
WEST PALM BEACH, FL 33416

FEI Number: 57-1139372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, ROBERT J M.D.
2426 EMBASSY DR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHWARTZ, AUGUSTIN J MD PA
Address: 1309 N FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: ROTHSCHILD, NEAL E MD PA
Address: 1309 N FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: HARRIS, JAMES N MD PA
Address: 1309 N FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: JACOBSON, ROBERT J MD PA
Address: 1309 N FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: AHR, DAVID J MD PA
Address: 1309 N FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: GREEN, ROBERT J MD PA
Address: 1309 N FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT J. GREEN

MGRM

04/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date