2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2010
Secretary of State

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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:

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

New Mailing Address:

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

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

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

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

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

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

I hereby 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 Statues.

SIGNATURE: ROBERT J GREEN MGRM 04/12/2010

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