2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State
05-19-2003 90069 027 ****50.00

0026657

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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

BISHINS, LARRY V ESQ
4548 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name Robert J. Green, M.D.
Street Address (P.O. Box Number is Not Acceptable) 2426 Embassy Drive
City West Palm Beach FL Zip Code 33401

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition SEE ATTACHED STATEMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: SIGNATURE REQUIRED Robert J. Green 5/6/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment

10105224
#L02000030410

PALM BEACH CANCER INSTITUTE LLC

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

EIN 57-1139372

ITEM 10 - ADDITIONS/CHANGES

		CHANGE	ADDITION
TITLE	MANAGING MEMBER		X
NAMED:	AUGUSTIN J. SCHWARTZ, M.D., P.A.		
STREET ADDRESS:	1309 NORTH FLAGLER DRIVE		
CITY, ST, ZIP:	WEST PALM BEACH, FL 33401		
TITLE	MANAGING MEMBER		X
NAMED:	NEAL E. ROTHSCHILD, M.D., P.A.		
STREET ADDRESS:	1309 NORTH FLAGLER DRIVE		
CITY, ST, ZIP:	WEST PALM BEACH, FL 33401		
TITLE	MANAGING MEMBER		X
NAMED:	JAMES N. HARRIS, M.D., P.A.		
STREET ADDRESS:	1309 NORTH FLAGLER DRIVE		
CITY, ST, ZIP:	WEST PALM BEACH, FL 33401		
TITLE	MANAGING MEMBER		X
NAMED:	ROBERT J. JACOBSON, M.D., P.A.		
STREET ADDRESS:	1309 NORTH FLAGLER DRIVE		
CITY, ST, ZIP:	WEST PALM BEACH, FL 33401		
TITLE	MANAGING MEMBER		X
NAMED:	DAVID J. AHR, M.D., P.A.		
STREET ADDRESS:	1309 NORTH FLAGLER DRIVE		
CITY, ST, ZIP:	WEST PALM BEACH, FL 33401		
TITLE	MANAGING MEMBER		X
NAMED:	ROBERT J. GREEN, M.D., P.A.		
STREET ADDRESS:	1309 NORTH FLAGLER DRIVE		
CITY, ST, ZIP:	WEST PALM BEACH, FL 33401		
TITLE	MANAGING MEMBER		X
NAMED:	DANIEL L. SPITZ, M.D., P.A.		
STREET ADDRESS:	1309 NORTH FLAGLER DRIVE		
CITY, ST, ZIP:	WEST PALM BEACH, FL 33401		