2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2016
Secretary of State
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Entity Name: PALM BEACH CANCER INSTITUTE LLC

Current Principal Place of Business:

1309 N. FLAGLER DRIVE
WEST PALM BEACH, FL 33401

Current Mailing Address:

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

FEI Number: 57-1139372

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GREEN, ROBERT JM.D.
1309 N. FLAGLER DRIVE
WEST PALM BEACH, FL 33401 US

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

Authorized Person(s) Detail :

Title	MGRM
Name	SCHWARTZ, AUGUSTIN JMD PA
Address	1309 N FLAGLER DR
City-State-Zip:	WEST PALM BEACH FL 33401

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

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

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

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

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT GREEN MGRM 04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date