2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 23, 2006 8:00 am
Secretary of State
04-18-2006 90083 030 ****61.25

DOCUMENT # 766061

1. Entity Name
PALM BEACH CANCER INSTITUTE FOUNDATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 921 PALM BEACH, FL 33480 US	P.O. BOX 921 PALM BEACH, FL 33480 US

66017127

03302006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2541781
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~VALDES-FAULI CORPORATE SERVICES, INC.~~
~~777 S. FLAGLER DRIVE, STE 500 EAST~~
~~WEST PALM BEACH, FL 33401~~ Delete
ROBERT J. JACOBSON
273 SANFORD AVE.
PALM BEACH, FLA. 33480

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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 ROBERT J. JACOBSON, DIRECTOR Robert J. Jacobson 5/15/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	HARRIS, JAMES M M.D.
STREET ADDRESS	303 PENDELTON LN.
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	SD
NAME	MCKEEN, ELISABETH A M.D.
STREET ADDRESS	7 GLENCAIRN ROAD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	TD
NAME	JACOBSON, ROBERT J M.D.
STREET ADDRESS	273 SANFORD AVENUE
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert J. Jacobson 4/5/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #