



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90186 033 \*\*\*\*61.25

<b>DOCUMENT # 766061</b> 1. Entity Name <b>PALM BEACH CANCER INSTITUTE FOUNDATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 921 PALM BEACH, FL 33480 US</b>			Mailing Address <b>P.O. BOX 921 PALM BEACH, FL 33480 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03232007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2541781</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ROBERT J. JACOBSON 273 SANFORD AVE PALM BEACH, FL 33480</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DIRECTOR</b> <b>HARRIS, JAMES M M.D.</b> <b>303 PENDELTON LN. 121 SAN MARITA WAY</b> <b>PALM BEACH, FL 33480 GARDENS, FLA. 33418</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>MICHAEL M. AULIFFE</b> <b>1601 FORUM PLACE SUITE 303</b> <b>WEST PALM BEACH, FLA. 33401</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DIRECTOR</b> <b>MCKEEN, ELISABETH A M.D.</b> <b>7 GLENCAIRN ROAD</b> <b>PALM BEACH GARDENS, FL 33418</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>ROBIN MALASKY</b> <b>2573 TECUMSEH DR.</b> <b>WEST PALM BEACH, FLA. 33409</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FD DIRECTOR</b> <b>JACOBSON, ROBERT J M.D.</b> <b>273 SANFORD AVENUE</b> <b>PALM BEACH, FL 33480</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>KENNETH J. HUNTER</b> <b>6001 BROKEN SOUND PARKWAY N.W. SUITE 600</b> <b>BOCA RATON FLA. 33487</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>ROBERT J. GREEN</b> <b>2426 EMBASSY DR.</b> <b>WEST PALM BEACH, FLA. 33401</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>DANIEL L. SPITZ</b> <b>745 HARBOUR ISLE PLACE</b> <b>NORTH PALM BEACH, FLA. 33410</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>NEAL E. ROTHSCHILD</b> <b>216 THORNTON DR.</b> <b>PALM BEACH GARDENS, FLA. 33418</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 an other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>04-19-07</b> Daytime Phone # <b>(561)366-4100</b>		