

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90045 018 ****61.25

DOCUMENT # 766061

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



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

Mailing Address
P.O. BOX 921
PALM BEACH, FL 33480 US

40071005



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

ROBERT J. JACOBSON
273 SANFORD AVE
PALM BEACH, FL 33480

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HARRIS, JAMES M M.D.**
STREET ADDRESS **121 SAN MARITA WAY**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **D** ☐ Delete
NAME **MCKEEN, ELISABETH A M.D.**
STREET ADDRESS **7 GLENCAIRN ROAD**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **D** ☐ Delete
NAME **JACOBSON, ROBERT J M.D.**
STREET ADDRESS **273 SANFORD AVENUE**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **D** ☐ Delete
NAME **GREEN, ROBERT J**
STREET ADDRESS **2426 EMBASSY DR**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **D** ☐ Delete
NAME **D SPITZ (NAME CORRECTION)**
STREET ADDRESS **745 HARBOR ISLE PL**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **D** ☐ Delete
NAME **ROTHSCHILD, NEAL E**
STREET ADDRESS **216 THORNTON DR**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **MICHAEL MCAULIFFE**
STREET ADDRESS **1601 FORUM PLACE SUITE 303**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **ROBIN MALASKY**
STREET ADDRESS **2573 TECUMSEH DR.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **KENNETH J. HUNTER**
STREET ADDRESS **6001 BROKEN SOUND PARKWAY N.W. SUITE 600**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 information.

SIGNATURE:

Robert J. Jacobson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08
Date

561-366-4100
Daytime Phone #