

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766061

FILED
Apr 10, 2009
Secretary of State

Entity Name: PALM BEACH CANCER INSTITUTE FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

1411 N. FLAGLER DR.
STE. #8900-B
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2541781 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARRIS, JAMES M M.D.
Address: 121 SAN MARITA WAY
City-St-Zip: PALM BEACH, FL 33480 US

Title: D () Delete
Name: MCKEEN, ELISABETH A M.D.
Address: 7 GLENCAIRN ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: D () Delete
Name: JACOBSON, ROBERT J M.D.
Address: 273 SANFORD AVENUE
City-St-Zip: PALM BEACH, FL 33480 US

Title: D () Delete
Name: GREEN, ROBERT J
Address: 2426 EMBASSY DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: SATZ, DANIEL L
Address: 745 HARBOR ISLE PL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: ROTHSCHILD, NEAL E
Address: 216 THORNTON DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. JACOBSON

D

04/10/2009

Electronic Signature of Signing Officer or Director

Date