

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766061

FILED
Apr 16, 2012
Secretary of State

Entity Name: PALM BEACH CANCER INSTITUTE FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1411 N. FLAGLER DR.
STE. #8900-B
WEST PALM BEACH, FL 33401 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
Name: MASLASKY, ROBIN
Address: 720 WATERWAY CIRCLE
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: D
Name: DEWOODY, ELIZABETH
Address: 131 ELLAMAR RD
City-St-Zip: WEST PALM BEACH, FL 33405 US

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

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

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

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

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 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 all other like empowered.

SIGNATURE: ROBIN MALASKY

MRS

04/16/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date