

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -9 PM 1:02

**DOCUMENT #** A31153

**1. Name of Limited Partnership**

PALM BEACH RADIOTHERAPY ASSOCIATES, LTD.

REINSTATEMENT *2000*

**2. Principal Office Address**

1309 No. Flagler Drive

Suite, Apt. #, etc.

**3. Mailing Office Address**

1309 No. Flagler Drive

Suite, Apt. #, etc.

**4. Date Formed or Registered**

To Do Business in Florida 1/29/1991

**5. FEI Number**

65 0237273

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ **\$8.75 Additional Fee required for a Certificate of Status**

**City & State**

West Palm Beach, FL

**City & State**

West Palm Beach, FL

**Zip**

**Country**

Palm Beach

**Zip**

**Country**

Palm Beach

**8. Name and Address of Current Registered Agent**

**Name**

Cindy Vanek

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

Good Samaritan Hospital, Inc.

**Suite, Apt. #, Etc.**

1309 No. Flagler Drive

**City**

West Palm Beach

**State**

FL

**Zip Code**

33401

**7a. Capital Contributions as shown on Record:**

\$435,000.00

**7b. Amount of Capital Contributions in FLORIDA to date:**

\$435,000.00

**FEES:**

1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

**9.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

*Cindy Vanek*

Cindy Vanek

DATE

10/26/00

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**10. Name(s) of General Partner(s)**

**Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)**

**City, State and Zip Code**

**10a. Registration Document Number**

Good Samaritan Hospital, Inc.

1309 No. Flagler Drive

West Palm Beach, FL  
33401

715198

Good Samaritan Health Corp.

1309 No. Flagler Drive

West Palm Beach, FL  
33401

H89747

000003479770--4  
-11/29/00--01045--010  
\*\*\*1035.00 \*\*\*1035.00

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**11.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Katherine Harris*

DATE

10/26/00

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E039 (11/99)