2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028503

FILED Feb 03, 2005 Secretary of State

Entity Name: PALM BEACH INSTITUTE OF HEMATOLOGY AND ONCOLOGY, LLC

Current Principal Place of Business: New Principal Place of Business:

2828 S. SEACREST BLVD., STE. 209 2320 S. SEACREST BLVD BOYNTON BEACH, FL 33435

SUITE 300

BOYNTON BEACH, FL 33435

Current Mailing Address: New Mailing Address:

2320 S. SEACREST BLVD SUITE 300 2828 S. SEACREST BLVD., STE. 209

BOYNTON BEACH, FL 33435

BOYNTON BEACH, FL 33435

FEI Number: 32-0038375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THIRER, MARTIN 1000 N.W. 65TH STREET, STE. 209 BOYNTON BEACH, FL 33435

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

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

MEIRI, EYAL M.D. Name: Name: Address: 3245 HARRINGTON DR. Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: ARMAS, ARMANDO M.D. Name: Address: 2001 N.W. 19TH WAY Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EYAL MEIRI **MGRM** 02/03/2005