2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L02000028503

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

Current Principal Place of Business:

2320 S. SEACREST BLVD
SUITE 300
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

2320 S. SEACREST BLVD
SUITE 300
BOYNTON BEACH, FL 33435

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
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 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 04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date