

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000028503

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

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

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

I hereby 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

04/19/2010

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