

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 10 AM 8:41

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000028503

Name and Mailing Address

0012318 01 AT 0.292 **AUTO T5 0 0615 33435-490515



PALM BEACH INSTITUTE OF HEMATOLOGY AND ONCOLOGY, LLC
115 S.E. 4TH STREET
BOYNTON BEACH FL 33435-4905



2. New Mailing Address 2828 S. Seacrest Blvd., Suite 209		4. State/Country of Formation FL	
City, State, Zip Boynton Beach, FL 33435		5. Date Organized or Qualified To Do Business in Florida 10/28/2002	
Principal Place of Business 115 S.E. 4TH STREET BOYNTON BEACH FL 33435	3. New Principal Place of Business Address 2828 S. Seacrest Blvd Suite 209 Boynton Beach, FL 33435	6. FEI Number 32-0038375	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent THIRER, MARTIN 1000 N.W. 65TH ST. SUITE 200 1475 WEST CYPRESS CREEK ROAD, SUITE 204 FT. LAUDERDALE FL 33309		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Martin Thirer* **SIGNATURE REQUIRED** Date *10/28/03*

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>MGRM</i>	Eyal Meiri, M.D.	3245 Harrington Dr	Boca Raton, FL 33496
<i>MGRM</i>	Armando Armas, M.D.	2001 N.W. 19th Way	Boca Raton, FL 33431

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager *Eyal Meiri* **SIGNATURE REQUIRED** Date *10/29/03* Daytime Phone # *(561) 740-3317*

Typed or printed name of signing Managing Member/Manager **EYAL MEIRI**

CR2E034 (7/03)

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TALLAHASSEE, FLORIDA

***Palm Beach Institute of
Hematology and Oncology, LLC
2828 S. Seacrest Blvd., Suite 209
Boynton Beach, FL 33435***

October 24, 2003

State of Florida
Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

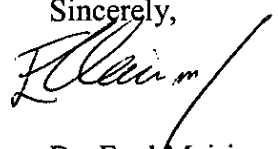
Document #L02000028503

Gentlemen:

Enclosed is a completed Application for Reinstatement for the above referenced limited liability company.

Please be advised that we did not receive the two prior Uniform Business Reports. Consequently, we respectfully request that the reinstatement fee be abated and the enclosed annual report fee of \$50.00 be accepted as full payment for the reinstatement.

Sincerely,



Dr. Eyal Meiri
Dr. Armando Armas

Enclosures