

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035177

**FILED**  
**Jan 18, 2006**  
**Secretary of State**

**Entity Name:** CYBERKNIFE CENTER OF PALM BEACH LLC

**Current Principal Place of Business:**

7867 NORTH KENDALL DRIVE  
105  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

7867 NORTH KENDALL DRIVE  
105  
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number:** 20-0230688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PINKERT, STEVEN  
9130 S. DADELAND BLVD.  
1528  
MIAMI, FL 33156 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: MGR ( ) Delete  
Name: SCHWADE, JAMES G  
Address: 7867 NORTH KENDALL DRIVE, SUITE # 105  
City-St-Zip: MIAMI, FL 33156 US

Title: MGRM ( ) Delete  
Name: PINKERT, STEVEN D  
Address: 9130 SOUTH DADELAND BOULEVARD, SUITE 1528  
City-St-Zip: MIAMI, FL 33156 US

**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 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: JAMES G. SCHWADE, MD

D

01/18/2006

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