

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90178 024 ***138.75

DOCUMENT # L06000101015

1. Entity Name
PBCI CENTER FOR RADIATION THERAPY, LLC



Principal Place of Business
**1309 N. FLAGLER
WEST PALM BEACH, FL 33401**

Mailing Address
**1309 N. FLAGLER
WEST PALM BEACH, FL 33401**

60022050



01042008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
57-1139372

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**B & C CORPORATE SERVICES, INC.
ONE BISCAYNE TOWER, 21ST FLOOR
2 SOUTH BISCAYNE BLVD.
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
PALM BEACH CANCER INSTITUTE, LLC
1309 N. FLAGLER
WEST PALM BEACH, FL 33401**

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: ROBERT J. GREEN

4-08-08 (561)366-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #