

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90053 045 ***150.00

0322678

DOCUMENT # P9600005608.1

1. Entity Name

PALM BEACH PROSTATE CANCER CENTER, INC.

Principal Place of Business

**13005 SOUTHERN BLVD., SUITE 213
 LOXAHATCHEE FL 33470**

Mailing Address

**13005 SOUTHERN BLVD., SUITE 213
 LOXAHATCHEE FL 33470**

J T L O V V

2. Principal Place of Business

12953 PALMS WEST DRIVE

Suite, Apt. #, etc.

201

City & State

LOXAHATCHEE

3. Mailing Address

12953 PALMS WEST DRIVE

Suite, Apt. #, etc.

201

City & State

FLORIDA

Zip

334

Country

Zip

33470

Country

4. FEI Number

65-0789863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BECKER, EDWARD E
 13005 SOUTHERN BLVD., SUITE 213
 LOXAHATCHEE FL 33470**

7. Name and Address of New Registered Agent

Name

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

12953 PALMS WEST DRIVE

SUITE 201

City

LOXAHATCHEE

FL

Zip Code

33470

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BECKER, EDWARD	
STREET ADDRESS	13005 SOUTHERN BLVD., SUITE 213	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOROWITZ, BRUCE	
STREET ADDRESS	13005 SOUTHERN BLVD., SUITE 213	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOPEZ, RAFAEL	
STREET ADDRESS	13005 SOUTHERN BLVD., SUITE 213	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12953 PALMS WEST DR #201	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12953 PALMS WEST DRIVE #201	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12953 PALMS WEST DRIVE #201	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)