2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006
Secretary of State

DOCUMENT# P96000056081

Entity Name: PALM BEACH PROSTATE CANCER CENTER, INC.

Current Principal Place of Business:

12953 PALMS WEST DRIVE
201
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

12953 PALMS WEST DRIVE
201
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0789863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER, EDWARD E
12953 PALMS WEST DRIVE
STE 201
LOXAHATCHEE, FL 33470 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BECKER, EDWARD
Address: 12953 PALMS WEST DRIVE #201
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VPD ( ) Delete
Name: HOROWITZ, BRUCE
Address: 12953 PALMS WEST DRIVE #201
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SD ( ) Delete
Name: LOPEZ, RAFAEL
Address: 12953 PALMS WEST DRIVE #201
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOPEZ, RAFAEL MD 02/24/2006

Electronic Signature of Signing Officer or Director — Date