

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000056081

1. Entity Name
PALM BEACH PROSTATE CANCER CENTER, INC.



Principal Place of Business
12953 PALMS WEST DRIVE
201
LOXAHATCHEE, FL 33470

Mailing Address
12953 PALMS WEST DRIVE
201
LOXAHATCHEE, FL 33470



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0789863

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
IN THIS SPACE

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 \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000611586
02/02/07-80069-011 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BECKER, EDWARD
STREET ADDRESS 12953 PALMS WEST DRIVE #201
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE VPD
NAME HOROWITZ, BRUCE
STREET ADDRESS 12953 PALMS WEST DRIVE #201
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE SD
NAME LOPEZ, RAFAEL
STREET ADDRESS 12953 PALMS WEST DRIVE #201
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

12. 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 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 10 or Block 11 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 #

1-24-07 5617790-2111 10