# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 10, 2006**
**Secretary of State**

DOCUMENT# L05000033534

**Entity Name:** ONCOLOGY HEMATOLOGY RADIATION CARE, LLC

**Current Principal Place of Business:**

C/O JOSE PARAPAR
8881 N.W. 18TH TERRACE
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WILLIAM J. SPRATT, JR., ESQ.
201 S. BISCAYNE BLVD., SUITE 2000
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number: 20-2627516** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

SPRATT, WILLIAM J JR.,ESQ
201 S. BISCAYNE BLVD., SUITE 2000
MIAMI, FL 33131 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: | ( ) Delete |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Delete |
| Name: | |
| Address: | |
| City-St-Zip: | |
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| Name: | |
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| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Delete |
| Name: | |
| Address: | |
| City-St-Zip: | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | MGR ( ) Change (X) Addition |
| Name: | KALMAN, LEONARD MD |
| Address: | 8940 N. KENDALL DRIVE, 300E |
| City-St-Zip: | MIAMI, FL 33176 |
| Title: | MGR ( ) Change (X) Addition |
| Name: | LARCADA, ALBERTO MD |
| Address: | 8940 N. KENDALL DRIVE, 300E |
| City-St-Zip: | MIAMI, FL 33176 |
| Title: | MGR ( ) Change (X) Addition |
| Name: | KAYWIN, PAUL MD |
| Address: | 8940 N. KENDALL DRIVE, 300E |
| City-St-Zip: | MIAMI, FL 33176 |
| Title: | MGR ( ) Change (X) Addition |
| Name: | GARCIA, JULIO MD |
| Address: | 8881 N.W. 18TH TERRACE |
| City-St-Zip: | MIAMI, FL 33172 |
| Title: | MGR ( ) Change (X) Addition |
| Name: | TERCILLA, OSCAR MD |
| Address: | 8881 N.W. 18TH TERRACE |
| City-St-Zip: | MIAMI, FL 33172 |
| Title: | MGR ( ) Change (X) Addition |
| Name: | COHEN, JONATHAN MD |
| Address: | 8881 N.W. 18TH TERRACE |
| City-St-Zip: | MIAMI, FL 33172 |

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: LEONARD KALMAN, M.D. ADM 07/10/2006

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