

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90110 017 \*\*\*\*50.00

**DOCUMENT # L05000033534**

1. Entity Name  
**ONCOLOGY HEMATOLOGY RADIATION CARE, LLC**



Principal Place of Business

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

Mailing Address

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



02012007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2627516**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**201 S. BISCAYNE  
MIAMI, FL 33131**

**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 reissuing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
KALMAN, LEONARD MD  
8940 N. KENDALL DRIVE, 300E  
MIAMI, FL 33176**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LARCADA, ALBERTO MD  
8940 N. KENDALL DRIVE, 300E  
MIAMI, FL 33176**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
KAYWIN, PAUL MD  
8940 N. KENDALL DRIVE, 300E  
MIAMI, FL 33176**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GARCIA, JULIO MD  
8881 N.W. 18TH TERRACE  
MIAMI, FL 33172**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
TERCILLA, OSCAR MD  
8881 N.W. 18TH TERRACE  
MIAMI, FL 33172**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
COHEN, JONATHAN MD  
8881 N.W. 18TH TERRACE  
MIAMI, FL 33172**

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

Date

Daytime Phone #

**OSCAR TERCILLA, MD 3-15-07 305-704-3910**