2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State
03-17-2008 90268 002 ***138.75

DOCUMENT # L05000033534

1. Entity Name
ONCOLOGY HEMATOLOGY RADIATION CARE, LLC

Principal Place of Business	Mailing Address
C/O JOSE PARAPAR 8881 N.W. 18TH TERRACE MIAMI, FL 33172	C/O WILLIAM J. SPRATT, JR., ESQ. 201 S. BISCAYNE BLVD., SUITE 2000 MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9350 S.W. 72ND STREET	200 S. BISCAYNE BLVD.
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc. 20TH FLOOR
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33131 / Country USA	Zip 33131 / Country USA

01152008 Chg-LLC CR2E083 (12/06)

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	7. Name and Address of New Registered Agent
SPRATT, WILLIAM J. JR., ESQ 201 S. BISCAYNE BLVD., SUITE 2000 MIAMI, FL 33131	Name WILLIAM J. SPRATT, JR. Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD. 20TH FLOOR City MIAMI FL Zip Code 33131

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 $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete KALMAN, LEONARD MD 8940 N. KENDALL DRIVE, 300E MIAMI, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☒ Change ☐ Addition KALMAN, LEONARD, M.D. 9350 S.W. 72ND STREET, SUITE 200 MIAMI, FLORIDA 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete LARCADA, ALBERTO MD 8940 N. KENDALL DRIVE, 300E MIAMI, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☒ Change ☐ Addition LARCADA, ALBERTO, M.D. 9350 S.W. 72ND STREET, SUITE 200 MIAMI, FLORIDA 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete KAYWIN, PAUL MD 8940 N. KENDALL DRIVE, 300E MIAMI, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☒ Change ☐ Addition KAYWIN, PAUL, M.D. 9350 S.W. 72ND STREET, SUITE 200 MIAMI, FLORIDA 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☒ Delete GARCIA, JULIO MD 8881 N.W. 18TH TERRACE MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Change ☒ Addition GUERRA, MANUEL, M.D. 9350 S.W. 72ND STREET, SUITE 200 MIAMI, FLORIDA 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete TERCILLA, OSCAR MD 8881 N.W. 18TH TERRACE MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☒ Change ☐ Addition TERCILLA, OSCAR, M.D. 9350 S.W. 72ND STREET, SUITE 200 MIAMI, FLORIDA 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☒ Delete COHEN, JONATHAN MD 8881 N.W. 18TH TERRACE MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Change ☒ Addition BRAUNSCHWEIG, TOMAS, M.D. 9350 S.W. 72ND STREET, SUITE 200 MIAMI, FLORIDA 33173

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: _____ 3/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #