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

01152008 Chg-LLC CR2E083 (12/06)

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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: _____ 3/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #