

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033534

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: ONCOLOGY HEMATOLOGY RADIATION CARE, LLC

## Current Principal Place of Business:

9350 SW 72ND ST STE 200  
MIAMI, FL 33131

## New Principal Place of Business:

9350 SW 72ND ST STE 200  
MIAMI, FL 33173

## Current Mailing Address:

9350 SW 72ND ST STE 200  
MIAMI, FL 33131

## New Mailing Address:

9350 SW 72ND ST STE 200  
MIAMI, FL 33173

FEI Number: 20-2627516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPRATT, WILLIAM J JR., ESQ  
200 S BISCAYNE BLV 20TH FL  
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: MGR ( ) Delete  
Name: KALMAN, LEONARD MD  
Address: 9350 SW 72ND ST STE 200  
City-St-Zip: MIAMI, FL 33173

Title: MGR ( ) Delete  
Name: LARCADA, ALBERTO MD  
Address: 9350 SW 72ND ST STE 200  
City-St-Zip: MIAMI, FL 33173

Title: MGR ( ) Delete  
Name: KAYWIN, PAUL MD  
Address: 9350 SW 72ND ST STE 200  
City-St-Zip: MIAMI, FL 33173

Title: MGR ( ) Delete  
Name: GUERRA, MANUEL MD  
Address: 9350 SW 72ND ST STE 200  
City-St-Zip: MIAMI, FL 33173

Title: MGR ( ) Delete  
Name: TERCILLA, OSCAR MD  
Address: 9350 SW 72ND ST STE 200  
City-St-Zip: MIAMI, FL 33173

Title: MGR ( ) Delete  
Name: COHEN, JONATHAN MD  
Address: 9350 SW 72ND ST STE 200  
City-St-Zip: MIAMI, FL 33173

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: VILLA, JR, LUIS MD  
Address: 9350 SW 72ND ST STE 200  
City-St-Zip: MIAMI, FL 33173

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: BRAUNSCHWEIG, TOMAS MD  
Address: 9350 SW 72ND ST STE 200  
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify 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

MGR

03/30/2009

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