

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033534

FILED  
Feb 25, 2011  
Secretary of State

Entity Name: ONCOLOGY HEMATOLOGY RADIATION CARE, LLC

**Current Principal Place of Business:**

9350 SW 72ND ST STE 200  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9350 SW 72ND ST STE 200  
MIAMI, FL 33173

**New Mailing Address:**

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:**

PARAPAR, JOSE  
9350 SW 72ND ST STE 200  
MIAMI, FL 33173 US

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: JOSE PARAPAR

02/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KALMAN, LEONARD MD  
Address: 9350 SW 72ND ST STE 200  
City-St-Zip: MIAMI, FL 33173

Title: MGR  
Name: UCAR, ANTONIO MD  
Address: 9350 SW 72ND ST STE 200  
City-St-Zip: MIAMI, FL 33173

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

Title: MGR  
Name: ANTUNEZ DE MAYOLO, JORGE C MD  
Address: 9350 SW 72ND ST STE 200  
City-St-Zip: MIAMI, FL 33173

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

Title: MGR  
Name: RAVELO, RAUL MD  
Address: 9350 SW 72ND ST STE 200  
City-St-Zip: MIAMI, FL 33173

I hereby 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

02/25/2011

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