

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033534

FILED  
Mar 20, 2012  
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:**

PARAPAR, JOSE  
9350 SW 72ND ST STE 200  
MIAMI, FL 33173 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  
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: VILLAR, MARY JO DO  
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

03/20/2012

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