

DOCUMENT # 9500008860650620861
Entity Name **ONCOLOGY HEMATOLOGY GROUP OF SOUTH FLORIDA, P.A.** ✓

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90006 034 ***150.00

Principal Place of Business Mailing Address
N. KENDALL DRIVE 8940 N. KENDALL DRIVE
300-E. EAST TOWER SUITE 300-E. EAST TOWER
33 176 MIAMI 33 33176-2148

Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc.

City & State

Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0620861** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHASE, ALAN R
9400 S. DADELAND BLVD.
SUITE 600
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

entity is eligible to satisfy its Intangible
filing requirement and elects to do so
(see criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000, Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS	ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DV		<input type="checkbox"/>		KALMAN, LEONARD	8940 N. KENDALL DR. #300-E EAST TOWER	MIAMI FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD		<input type="checkbox"/>		LIEBLING, MARTIN	8940 N. KENDALL DR. #300-E EAST TOWER	MIAMI FL 33176	<input type="checkbox"/>	<input type="checkbox"/>
VD		<input type="checkbox"/>		FEINBERG, ALAN	8940 N. KENDALL DR. #300-E EAST TOWER	MIAMI FL 33176	<input type="checkbox"/>	<input type="checkbox"/>
SD		<input type="checkbox"/>		WALLACH, HOWARD	8940 N. KENDALL DR. #300-E EAST TOWER	MIAMI FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD		<input type="checkbox"/>		CITRON, PETER	8940 N. KENDALL DR. #300-E EAST TOWER	MIAMI FL 33176	<input type="checkbox"/>	<input type="checkbox"/>
DV		<input type="checkbox"/>		LARCADA, ALBERTO	8940 N. KENDALL DR. #300-E EAST TOWER	MIAMI FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>

hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(h), Florida Statutes. I further certify that the information
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if
changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)