2006 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Mar 31, 2006 8:00 am
Secretary of State
03-31-2006 90013 045 ***150.00

1. Entity Name	e GY HEM	# P950000880							J0013 0		0.00			
Principal Place 8940 N. KEN SUITE 300-E, MIAMI, FL 33	IDALL DRIVE , EAST TOW	E	Mailing Address 8940 N. KENDALL DRI\ SUITE 300-E, EAST TO\ MIAMI, FL 33176				٠	7130	 	a aire ediil au	IIDOS AI (BBS)			
2. Principal Pl	lace of Busir	ness	3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03172006	Chg-P	CR2E03	4 (11/05)					
City & State	9		City & State				4. FEI Numbe 65-062			_ 	oplied For ot Applicable			
Zip		Country	Zip	Cou	ntry	,	5. Certificate	of Status Desired		8.75 Add ee Require				
	6. Name	and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent									
SPRATT, V	WILLIAM .	J ESQ			Name									
	CAYNE B	BLVD., 20TH FL			Street Address (P.O. Box Number is Not Acceptable)									
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00101							<u> </u>		1 = 0 .				
					City FL. Zip Code									
	ions of regis		the purpose of changing its				ed agent, or bol	th, in the State of Fig	DATE	amiliar with,	and accept			
		FEE IS \$150.00 6 Fee will be \$550.0	9. Election Campai Trust Fund Cont				00 May Be ed to Fees							
10.	T 514	OFFICERS AND D	· · · · · · · · · · · · · · · · · · ·	11			ADDITIONS/	CHANGES TO OFF	ICERS AND		S IN 11 Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, LEONARD KENDALL DR. #300-E E/ L 33176	☐ Delete			8900	ool, Andre A N. Kendall Dr ii, FL 33176			Change	Audition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WANG, G	GRACE ENDALL DR 300-E	☐ Delete	STI	LE Me Reet address Y-SI-ZIP	8940	cht, Federico N. Kendall Dr n, FL 33176	., Suite 300E		☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		RG, ALAN (ENDALL DR. #300-E E/ L 33176	☐ Delete	ST	le Me Reet address IY-St-Zip	8940	mann, Frances N. Kendali Di ni, FL 33176			Change	⊠ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8940 N. F	WALLACH, HOWARD 8940 N. KENDALL DR. #300-É EAST TOWER STR				8940	histani, Doure N. Kendall D mi, FL 33176	r., Suite 603E		☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CITRON, 8940 N. I MIAMI, F	KENDALL DR. #300-E E	☐ Delete	NA ST	ile Me Reet address IY-ST-ZIP	8940	arraga, Fernam N. Kendall Dr i, FL 33176	ndo I ., Suite 300E		Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	A, ALBERTO KENDALL DR. #300-E E L 33176	☐ Detets AST TOWER	N/ ST	ile Jme Reet address Iy-St-Zip	8940	ido, Sara M) N. Kendall D mi, FL 33176			Change	Addition			
12. I hereby	certify that th	ne information supplied with	this filing does not qualify for	or the e	xemptions c	ontained	d in Chapter 11	9, Florida Statutes.	I further cert	ify that the i	nformation or director			

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 10 or Block 11 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

Daytime Phone #

ATTACHMENT

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000088606 1. Entity Name ONCOLOGY HEMATOLOGY GROUP OF SOUTH FLORIDA, P.A.									
Principal Place of Business 8940 N. KENDALL DRIVE SUITE 300-E, EAST TOWER MIAMI, FL 33176	VE WER		4	4004	21.	30			
2. Principal Place of Business	3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.			03172006	Chg-P	CR2E03	34 (11/05)		
City & State	City & State			4. FEI Number 65-062				oplied For ot Applicable	
Zip Country	Zip :	Country		5. Certificate	of Status Desired		8.75 Add		
6. Name and Address of Current SPRATT, WILLIAM J ESQ 201 S. BISCAYNE BLVD., 20TH FL MIAMI, FL 33131-4325	Registered Agent	Nam Stree			Address of New F	e)	gent	9	
8. The above named entity submits this statement fo	r the purpose of changing its		e or register	ed agent, or bo	th, in the State of Fic	FL: orida. I am fa			
the obligations of registered agent.									
SIGNATURESignature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent si	gnature required	when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.0	9. Election Campa Trust Fund Cont		\$5.	.00 May Be led to Fees			C	ONTINUED	
10. OFFICERS AND	DIRECTORS	11.	TDV	ADDITIONS	CHANGES TO OFF		DIRECTOR:	S IN 11 Addition	
NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 KALMAN, LEONARD 8940 N. KENDALL DR. #300-E E		NAME STREET ADDRES CITY-ST-ZIP	Kayw 8940	vin, Paul R N. Kendall Dr ni, FL 33176	., Suite 300E		L. Villings	A Audison	
TITLE NAME WANG, GRACE STREET ADDRESS 8940 N KENDALL DR SOU-E MIAMI, PL 33176	□ D ane	TITLE NAME STREET ADDRE	ss 8900 i	n, Alan A N. Kendall Dr. i, FL 33176			Change	Addition	
TITLE NAME FEINBERG, ALAN STREET ADDRESS CITY-ST-ZIP MIAMLER 3176	D Balase	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS 8940	ia, Antonio N. Kendall Di ni, FL 33176	., Suite 300E		☐ Change	Addition	
TITLE SD WALLACH, HOWARD STREET ADDRESS 8940 N. KENDALL DD. #300-E E	WALLACH, HOWARD ADDRESS 8940 N. KENDALL DD: #500-E EAST-TOWER STR						☐ Change	Addition	
NAME CITRON, PETER	CITRON, PETER NAM 8940 N. KENDALL DR. #300-E EAST TOWER STRE			gues, Maria-Amelia M SW 73rd St. i, FL 33143			Addition		
NAME LARCADA, ALBERTO STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176	LARCADA, ALBERTO SS 8940 N. KENDALI DR. #300-E EAST TOWER STRE				er, Michael B N. Kendall Dr., Suite 300E ni. FL 33143				
 I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empor changed, or on an attachment with an address, year. 	true and accurate and that rewered to execute this report	ny signature sha as required by (ill have the s	same legal effec 7. Florida Statute	t as if made under is; and that my nam	oath; that I an	n an officer	or director	
SIGNATURE:	RINTED NAME OF BIGNING OFFICER	OR DIRECTOR		3/2	Date Date	Day	ytime Phone #		

ATTACHMENT

2006 FOR PROFIT CORPORATION ANNUAL REPORT

S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent SPRATT, WILLIAM J ESO 201 S. BISCANNE BLVD, 20TH FL MIAMI, FL 33131-4325 City City FL Zo Code 8. The above names entity submits this statement for the purpose of changing its registered agent, or both, in the State of Proids. I am familiar with, and accelerate agent. SIGNATURE Superior I registered agent or both, in the State of Proids. I am familiar with, and accelerate agent. SIGNATURE Superior I registered agent or both, in the State of Proids. I am familiar with, and accelerate agent. SIGNATURE Superior I registered agent or both, in the State of Proids. I am familiar with, and accelerate agent. SIGNATURE Superior I registered agent agent in the state of Proids. FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INIE NAME SIREL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INIE NAME WANG, GRACE WANG, GRACE	1. Entity Nam	GY HEMATOLOGY GRO						, .			
Suite, Apt. II, etc. City & State	8940 N. KENDALL DRIVE SUITE 300-E, EAST TOWER 8940 N. KENDALL DRIVE SUITE 300-E, EAST TOWER						4	604	21	30	
City & State Country S. Contificate of Status Desired St. 75 Academia See February Se	2. Principal P	lace of Business	3. Mailing Address								
2p Country Zip Country 5. Conflictate of Satus Desired SATS Additional Fee Regulators of Extraord Again SPRATT, WILLIAM J.E.S.O. 201 S. BISCANNE BLVD., 20TH FL. MIAMI, FL. 33131-4325 SPRATT, WILLIAM J.E.S.O. 201 S. BISCANNE BLVD., 20TH FL. MIAMI, FL. 33131-4325 Biscanne and Address of Current Registered Again Tr. Name and Address of New Registered Again SPRATT, WILLIAM J.E.S.O. 201 S. BISCANNE BLVD., 20TH FL. MIAMI, FL. 33131-4325 Biscanne and Address of New Registered Again SPRATT, WILLIAM J.E.S.O. 201 S. BISCANNE BLVD., 20TH FL. MIAMI, FL. 33131-4325 Biscanne and Address of New Registered Again SPRATT, WILLIAM J.E.S.O. 201 S. BISCANNE BLVD., 20TH FL. MIAMI, FL. 33131-4325 Biscanne and Address of New Registered Again SPRATT, WILLIAM J.E.S.O. 201 S. BISCANNE BLVD., 20TH FL. MIAMI, FL. 3314-325 Biscanne and Address of Current Registered Again SPRATT, WILLIAM J.E.S.O. 201 S. BISCANNE BLVD., 20TH FL. MIAMI, FL. 3314-325 Biscanne and Address of Current Registered Again SPRATT, WILLIAM J.E.S.O. 20TH FL. MIAMI, FL. 3314-325 Biscanne and Address of Current Registered Again SPRATT, WILLIAM J.E.S.O. 20TH FL. MIAMI, FL. 3314-325 Biscanne and Address of Current Registered Again SPRATT, WILLIAM J.E.S.O. 20TH FL. MIAMI, FL. 3314-325 Biscanne and Address of Current Registered Again SPRATT, WILLIAM J.E.S.O. 20TH FL. MIAMI, FL. 3314-325 Biscanne and Address of Current Registered Again SPRATT, WILLIAM J.E.S.O. 20TH FL. MIAMI, FL. 3314-325 Biscanne and Address of New Registered Again SPRATT, WILLIAM J.E.S.O. 20TH Fl. MIAMI, FL. 3314-325 Biscanne and Address of New Registered Again SPRATT, WILLIAM J.E.S.O. 20TH Fl. MIAMI, FL. 3314-325 Biscanne and Address of New Registered Again Again SPRATT, WILLIAM J.E.S.O. 20TH Fl. MIAMI, FL. 3314-325 Biscanne and Address of New Registered Again Again SPRATT, WILLIAM J.E.S.O. 20TH Fl. MIAMI, FL. 3314-325 Biscanne and Address of New Registered Again J. Miami, Fl. 3314-325 Biscanne and Address of New Registered Again J. Miami, Fl. 3314-325 Biscanne and Address of New Registered	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			•	03172006	Chg-P	CR2E0	34 (11/05)	
S. Certificate of Salues Desired Feb Required F	City & Stat	9	City & State						•		oplied For ot Applicable
SPRATT, WILLIAM J ESO 201 S. BISCAYNE BLVD., 20TH FL MIAMI, FL 33131-4325 City	Zip	Country	Zip	Cour	ntry		5. Certificate	of Status Desired			
SPRATT, WILLIAM J ESO 201 S. BISCANNE BLVD. 20TH FL MIAMI, FL 33131-4325 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 Rorida. I am femiliar with, and acceptable of registered agent, or both, in the State of Rorida. I am femiliar with, and acceptable of registered agent, or both, in the State of Rorida. I am femiliar with, and acceptable of registered agent, or both, in the State of Rorida. I am femiliar with, and acceptable of the obligations of registered agent. SIGNATURE: Size Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 1. The state of registered agent. Size Address (P.O. Box Number is Not Acceptable) City FL Zip Code 1. The state of Rorida. I am femiliar with, and acceptable of the obligations of registered agent, or both, in the State of Rorida. I am femiliar with, and acceptable of the obligations of registered agent. SIGNATURE: Size Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Continue Dott Address (P.O. Box Number is Not Acceptable) City FL Zip Code Continue Continue Continu		6. Name and Address of Currer	nt Registered Agent		Name		7. Name and	Address of New	Registered A	Agent	
MIAMI, FL 33131-4325 City FL Zip Code							DO Do Maria		1-1		
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 Rorida. Tam familiar with, and accelerate the obligations of registered agent. Continued					Street A	Joress (I	P.O. Box Numbe	er is Not Accepted	<u></u>		
### Chings of registered agent. Signature Topes of present name of registered agent and site # spokable. (MOTE Registered Agent agreeure required whom necessary) DATE					City FL Zip Code						θ
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.					ncing	\$ 5.	00 May Be		DATE		
ITILE NAME NAME KALMAN, LEONAND B940 N. KENDALL DR-W300-E EAST TOWER CITY-ST-2P MIAM-PL 33176 TITLE DV MAKE WANG, GRACE SHEET ADDRESS CITY-ST-2P MIAM-PL 33176 TITLE DV MAKE SHEET ADDRESS CITY-ST-2P MIAM-PL 33176 TITLE DV MAKE SHEET ADDRESS CITY-ST-2P MIAM-PL 33176 TITLE DV MAKE SHEET ADDRESS CITY-ST-2P MIAM-PL 33176 TITLE DV MIAM-PL 33176 TITLE SD MIAM-PL 33176 TITLE DV MIAM-PL 33			Trust Fund Con	tribution.		Ådde	ed to Fees			CONTIN	IUED
KALMAN, LEONAND SIRET ADDRESS CITY-SI-JP MIAMM-PT 33176 TILL DV Deleter MIAMM-PT 33176 TILL ADRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-SI-JP MIAMM-PT 33176 TILL ADRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-SI-JP MIAMM-PT 33176 TILL ADRESS SIRET ADDRESS S				_			ADDITIONS/	CHANGES TO OF	FICERS AND		
TITLE NAME WANG, GRACE WANG, GRACE WANG, GRACE WANG, GRACE STREET ADDRESS STREET	NAME STREET ADDRESS	KALMAN, LEONARD 8940 N. KENDALL DR. #300-E		NAM STRE	ET ADDRESS	Ucar 3940	N. Kendall D			i cuanda	JAJ AUGIBUR
ITTLE NAME FEINBERG, ALAN SIREET ADDRESS SIREET ADD	NAME STREET ADDRESS	DV Delete TITE WANG, GRACE 8940 N KENDALL DR-860-E STE			EET AODRESS	Venk 8940	N. Kendall Di	Change	Addition		
NAME SIREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER SIREET ADDRESS CITY-ST-ZIP MIAMIN PT 33176 ITTLE SD Delete WALLACH, HOWARD SIREET ADDRESS CITY-ST-ZIP MIAMIN PT 33176 ITTLE TD Delete TITLE TD Del			> -			AL FL 33143			Channe	M Addition	
NAME STREET ADDRESS CITY- ST- ZIP MIAMI, PT 33176 TITLE NAME CITRON, PETER STREET ADDRESS CITY- ST- ZIP MIAMI, PT 33176 TITLE DV LARCADA, ALBERTO LARCADA, ALBERTO STREET ADDRESS CITY- ST- ZIP MIAMI, PT 33176 TITLE DV LARCADA, ALBERTO STREET ADDRESS CITY- ST- ZIP MIAMI, PT 33176 TITLE DV LARCADA, ALBERTO STREET ADDRESS CITY- ST- ZIP MIAMI, PT 33176 TITLE DV LARCADA, ALBERTO STREET ADDRESS CITY- ST- ZIP MIAMI, PT 33176 TITLE DV LARCADA, ALBERTO STREET ADDRESS CITY- ST- ZIP MIAMI, PT 33176 TITLE NAME STREET ADDRESS CITY- ST- ZIP MIAMI, PT 33176 TITLE NAME STREET ADDRESS CITY- ST- ZIP MIAMI, PT 33176 STREET ADDRESS CITY- ST- ZIP MIAMI, PT 33176 TO tange Addit NAME STREET ADDRESS CITY- ST- ZIP STREET ADDRESS CITY- ST- ZIP MIAMI, PT 33176 TITLE NAME STREET ADDRESS CITY- ST- ZIP MIAMI, PT 33176 STREET ADDRESS CITY- ST- ZIP MIAMI, PT	NAME STREET ADDRESS	FEINBERG, ALAN 8940 N. KENDALL DR. #300-E EAST TOWER STR			E ET ADORESS	Fein, 3 8940 N	N. Kendall Dr.,	Suite 300E			94 ************************************
NAME STREET ADDRESS CITY-S1-ZIP MIAMI, Pt 33176 TITLE NAME STREET ADDRESS CITY-S1-ZIP LARCADA, ALBERTO STREET ADDRESS CITY-S1-ZIP LARCADA, ALBERTO STREET ADDRESS CITY-S1-ZIP 12. I hereby certily 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 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	NAME STREET ADORESS	WALLACH, HOWARD 8940 N. KENDALL DR. #300-E EAST TOWER S			E Et adoress					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 directed 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered. 3 / 126/05	NAME STREET ADDRESS	CITRON, PETER 8940 N. KENDALL DR. #300-E EAST TOWER			EET ADDRESS					Change	Addition
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SIGNATURE:	indicated of the cor	on this report or supplemental report poration or the receiver or trustee em	is true and accurate and that powered to execute this report	my signa I as requi	ture shall h	ave the s	same legal effec ', Florida Statute	as if made under es; and that my name	oath; that I a	ım an officer	or director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #	SIGNAT	URE:	h.				3/14				