

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90013 045 ***150.00

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**

Mailing Address
**8940 N. KENDALL DRIVE
SUITE 300-E, EAST TOWER
MIAMI, FL 33176**

40042130



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172006 Chg-P CR2E034 (11/05)

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

7. Name and Address of New Registered Agent

**SPRATT, WILLIAM J ESQ
201 S. BISCAYNE BLVD., 20TH FL
MIAMI, FL 33131-4325**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DV ☐ Delete
NAME KALMAN, LEONARD
STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER
CITY-ST-ZIP MIAMI, FL 33176

TITLE DV ☐ Change ☒ Addition
NAME Abitbol, Andre A
STREET ADDRESS 8900 N. Kendall Dr.
CITY-ST-ZIP Miami, FL 33176

TITLE DV ☐ Delete
NAME WANG, GRACE
STREET ADDRESS 8940 N KENDALL DR 300-E
CITY-ST-ZIP MIAMI, FL 33176

TITLE DV ☐ Change ☒ Addition
NAME Albrecht, Federico
STREET ADDRESS 8940 N. Kendall Dr., Suite 300E
CITY-ST-ZIP Miami, FL 33176

TITLE VD ☐ Delete
NAME FEINBERG, ALAN
STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER
CITY-ST-ZIP MIAMI, FL 33176

TITLE DV ☐ Change ☒ Addition
NAME Behrmann, Frances
STREET ADDRESS 8940 N. Kendall Dr., Suite 300E
CITY-ST-ZIP Miami, FL 33176

TITLE SD ☐ Delete
NAME WALLACH, HOWARD
STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER
CITY-ST-ZIP MIAMI, FL 33176

TITLE DV ☐ Change ☒ Addition
NAME Daghistani, Doured
STREET ADDRESS 8940 N. Kendall Dr., Suite 603E
CITY-ST-ZIP Miami, FL 33176

TITLE TD ☐ Delete
NAME CITRON, PETER
STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER
CITY-ST-ZIP MIAMI, FL 33176

TITLE DV ☐ Change ☒ Addition
NAME De Zarraga, Fernando I
STREET ADDRESS 8940 N. Kendall Dr., Suite 300E
CITY-ST-ZIP Miami, FL 33176

TITLE DV ☐ Delete
NAME LARCADA, ALBERTO
STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER
CITY-ST-ZIP MIAMI, FL 33176

TITLE DV ☐ Change ☒ Addition
NAME Garrido, Sara M
STREET ADDRESS 8940 N. Kendall Dr., Suite 300E
CITY-ST-ZIP Miami, FL 33176

12. I hereby certify 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 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 #

31/3/06

ATTACHMENT

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000088606

1. Entity Name
ONCOLOGY HEMATOLOGY GROUP OF SOUTH
FLORIDA, P.A.



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SUITE 300-E, EAST TOWER
MIAMI, FL 33176

Mailing Address
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MIAMI, FL 33176

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Not Applicable

Zip

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Zip

Country

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7. Name and Address of New Registered Agent

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MIAMI, FL 33131-4325

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Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

CONTINUED

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Kaywin, Paul R 8940 N. Kendall Dr., Suite 300E Miami, FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Lewin, Alan A 8900 N. Kendall Dr. Miami, FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Muina, Antonio 8940 N. Kendall Dr., Suite 300E Miami, FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Olszewski, Steven J 6200 SW 73rd St. Miami, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Rodrigues, Maria-Amelia M 6200 SW 73rd St. Miami, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Troner, Michael B 8940 N. Kendall Dr., Suite 300E Miami, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

Daytime Phone #

3/26/05

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2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0620861	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPRATT, WILLIAM J ESQ 201 S. BISCAYNE BLVD., 20TH FL MIAMI, FL 33131-4325			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
CONTINUED					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DV NAME KALMAN, LEONARD STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE DV NAME Ucar, Antonio STREET ADDRESS 8940 N. Kendall Dr., Suite 300E CITY-ST-ZIP Miami, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DV NAME WANG, GRACE STREET ADDRESS 8940 N KENDALL DR 800-E CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE DV NAME Venkatappa, Siddhartha A STREET ADDRESS 8940 N. Kendall Dr., Suite 300E CITY-ST-ZIP Miami, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DV NAME FEINBERG, ALAN STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE DV NAME Fein, Steven STREET ADDRESS 8940 N. Kendall Dr., Suite 300E CITY-ST-ZIP Miami, FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME WALLACH, HOWARD STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME CITRON, PETER STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME LARCADA, ALBERTO STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: _____ 3/16/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					