2007 FOR PROFIT CORPORATION

Apr 02, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P95000088606** 04-02-2007 90068 011 ***150.00 ONCOLOGY HEMATOLOGY GROUP OF SOUTH FLORIDA, P.A. *nnn/agg Principal Place of Business Mailing Address 8940 N. KENDALL DRIVE 8940 N. KENDALL DRIVE SUITE 300-E, EAST TOWER SUITE 300-E, EAST TOWER MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business - No P.O. Box # 3. Mailino Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03222007 Cha-P City & State 4. FEI Number Applied For City & State 65-0620861 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPRATT, WILLIAM J ESQ Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD., 20TH FL MIAMI, FL 33131-4325 Zip Code City FI 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Page 1 of 3 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE DV **■** Addition Chance KALMAN, LEONARD NAME NAME Abitbol, Andre A STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER STREET ADDRESS 8900 N. Kendall Dr. CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33176 MIAMI, FL 33176 DV Addition TITLE Delete TITLE Change WANG, GRACE NAME NAME Albrecht, Federico 8940 N KENDALL DR 300-E 8940 N. Kendall Dr., Suite 300E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM!, FL 33176 CITY-ST-ZIP Miami, FL 33176 **VD** ☐ Delete TITLE TITLE ☐ Change **Addition** FEINBERG, ALAN NAME HAME Behrmann, Frances 8940 N. KENDALL DR. #300-E EAST TOWER STREET ADDRESS STREET ADDRESS 8940 N. Kendall Dr., Suite 300E CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-7IP Miami, FL 33176 TITLE ☐ Delete TITLE ☐ Change X Addition WALLACH, HOWARD NAME NAME Daghistani, Doured STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER STREET ADDRESS 8940 N. Kendall Dr., Suite 603E MIAMI, FL 33176 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33176 TITLE ☐ Defete Addition TITLE DV ☐ Channe CITRON, PETER NAME De Zarraga, Fernarndo I NAME 8940 N. KENDALL DR. #300-E EAST TOWER STREET ADDRESS 8940 N. Kendall Dr., Suite 300E STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 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 nanged, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

TITLE

NAME

DV

Garrido, Sara M

Miami FI. 33176

8940 N. Kendall Dr., Suite 300E

Delete

SIGNATURE:		
	SIGNATURE AND TYPED OR PRINTED NAM	IE OF SIGNING OFFICER OR DIRECTOR

LARCADA, ALBERTO

MIAMI, FL 33176

8940 N. KENDALL DR. #300-E EAST TOWER

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

Addition

☐ Change

FILED

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000088606 ONCOLOGY HEMATOLOGY GROUP OF SOUTH FLORIDA, P.A. Principal Place of Business Mailing Address 20007966 8940 N. KENDALL DRIVE 8940 N. KENDALL DRIVE SUITE 300-E, EAST TOWER SUITE 300-E, EAST TOWER MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222007 Cha-P CR2E034 (12/06) City & State 4 FFI Number Applied For City & State 65-0620861 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPRATT, WILLIAM J ESQ Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD., 20TH FL MIAMI, FL 33131-4325 Zio 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 \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees Page 2 of 3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Addition Ď۷ MILE DV ŲLE ☐ Delete Kaywin, Paul R NAME KALMAN, LEONARD NAM 8940 N. Kendall Dr., Suite 300E STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER STREET Miami, FL 33176 CATY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33176 X Addition Change Dν DDE TITI F Delete Lewin, Alan A NAME WANG, GRACE NAME 8900 N. Kendall Dr. STREET ADDRESS 8940N KENDALL DR 300-E STREET ADDRESS Miami, FL 33176 CITY-ST-ZIP MIAMI, N. 33176 CITY-ST-7IP Change X Addition VD ☐ Detete TITLE D۷ TITLE FEINBERG, ALAN NAME Muina Antonio NAME 8940 N. Kendall Dr., Suite 300E STREET ADDRESS 8940 N. KENDAL DR. #300-E EAST TOWER STREET ADDRESS Miami, FL 33176 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL -22176 🔀 Addition Change TIFLE TITLE Delete WALLACH, HOWARD NAME Olszewski, Steven J NAME STREET ADDRESS 6200 SW 73rd St. 8940 N. KENDALL DR. #300-E EAST TOWER STREET ADDRESS Miami, FL 33143 MIAMI, FL \$3176 CHY-ST-ZIP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE Rodrigues, Maria-Amelia M CITRON, PETER NAME NAME 6200 SW 73rd St. STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOVYER STREET ADDRESS Miami, FL 33143 CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP **X** Addition Change TITLE ☐ Delete TITLE DV Troner, Michael B LARCADA, ALBERTO NAME NAME 8940 N. Kendall Dr., Suite 300E STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER STREET ADDRESS Miami, FL 33143 TTY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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. 3/28/01 SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

ATTACHMENT

2007 FOR PROFIT CORPORATION

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACLINATALE

312807

Daytime Phone #

ANNOAL REPORT											
DOCU 1. Entity Nan ONCOLO FLORIDA							•				
Principal Plac	ce of Business	Mailing Address									
8940 N. KEI	NDALL DRIVE e, east tower	8940 N. KENDALL DRIVE SUITE 300-E, EAST TOWER MIAMI, FL 33176		L .	2000	796	\				
Principal Place of Business - No P.O. Box # Mailing Address						lakr ,					
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		03222007	Chg-P	CR2E03	14 (12/06))			
City & State		City & State	City & State			4. FEI Numbe 65-0620			_ _ 	pplied For lot Applicable	
Zip	Country Zip C		Coun	try		5. Certificate of Status Desired S8.75 Addition Fee Required					
	6. Name and Address of Current	Registered Agent		,		7. Name and	Address of New R	egistered A	gent		
				Name							
SPRATT, 201 S. BIS MIAMI, FL		Street Address (P.O. Box Number is Not Acceptable)									
				City	FL Zip Code					de	
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											
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10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	CHANGES TO OFFI	CERS AND I	DIRECTOR	.,	
TITLE NAME STREET ADDRESS	NOV KALMAN, LEONARD 8940N. KENDALL DR. #300-E E	☐ Dekete AST TOWER	11	T ADDRESS	3940	Antonio N. Kendali Dr	., Suite 300E		Change	Addition	
CITY-ST-ZIP TITLE	MIAMI, FL 33176	Delete	CHY-	ST-ZIP	DV	ii, FL 33143			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	WANG, GRACE 8940 N KENDALL DR 300-E ST-ZIP MIAMI, FL 33176 VD Delete FEINBERG, ALAN 1 ADDRESS 8940 N. KENDALL DR. \$200-E FAST TOWER		II .	T ADDRESS ST-ZIP	Venka 8940 1	katappa, Siddhartha A N. Kendall Dr., Suite 300E ni, FL 33143					
TITLE NAME STREET ADDRESS _CUTY-ST-ZIP			11	T ADDRESS CT-ZIP		leven Kendall Dr., S	Suite 300E	1	Change	∫∑ Addillon	
TITLE SD Delete WALLACH, HOWARD STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER MIAMI, FL 33176			TITLE NAME STREE CITY-S	T address St-zip				(☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITRON, PETER NA 8940 N. KENDALL DR. #300-E EAST TOWER ST		TITLE NAME STREET CITY-S	T ADORESS ST-ZIP				[_ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DV LABCADA, ALBERTO 8940 N. KENDALL DR. #300-E E. MIAMI, FL 33176		CITY-S] Change	Addition	
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