

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90068 011 \*\*\*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

40007966



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
65-0620861

Applied For  
Not Applicable

Zip

Country

Zip

Country

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, 2007 Fee will be \$550.00**

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

Page 1 of 3

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 J  
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 #

3/28/07

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

20007966

<b>DOCUMENT # P95000088606</b> 1. Entity Name <b>ONCOLOGY HEMATOLOGY GROUP OF SOUTH FLORIDA, P.A.</b>					
Principal Place of Business <b>8940 N. KENDALL DRIVE SUITE 300-E, EAST TOWER MIAMI, FL 33176</b>			Mailing Address <b>8940 N. KENDALL DRIVE SUITE 300-E, EAST TOWER MIAMI, FL 33176</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip 		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip 			
4. FEI Number <b>65-0620861</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>SPRATT, WILLIAM J ESQ 201 S. BISCAYNE BLVD., 20TH FL MIAMI, FL 33131-4325</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Page 2 of 3					
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: _____ <span style="float: right;">3/28/07</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Ucar, Antonio 8940 N. Kendall Dr., Suite 300E Miami, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Venkatappa, Siddhartha A 8940 N. Kendall Dr., Suite 300E Miami, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Fein, Steven 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3/1/07